

Case Number:	CM13-0071269		
Date Assigned:	01/08/2014	Date of Injury:	09/06/2005
Decision Date:	04/22/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 9/6/05. A utilization review determination dated 12/4/13 recommends non-certification of Synvisc injection left knee noting that prior injections were done in 2011 and 2012, 2/14/13, and 8/22/13, and the current records did not indicate the response to the most recent injection. 8/22/13 medical report identifies that the patient has gotten worse since the Synvisc injection 2/4/13 with more limping and pain that keeps her awake at night, more limited with walking, stairs, standing, and activities of daily living (ADLs). She is taking tramadol and Skelaxin, and does not want to take narcotic pain medications. On exam, she walks slowly with marked stiff left limp. Synvisc one injection was performed to the left knee. Patient is still considering lab band bariatric weight loss surgery.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

SYNVISC INJECTION LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Hyaluronic section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Hyaluronic acid injections

Decision rationale: Regarding the request for Synvisc injection left knee, California MTUS does not address the issue. ODG supports repeat hyaluronic acid injections if there is documented significant improvement in symptoms for 6 months or more and symptoms recur. Within the documentation available for review, there is no clear documentation of significant improvement in symptoms for at least 6 months after the injection performed prior to the current request. In the absence of such documentation, the currently requested Synvisc injection left knee is not medically necessary.