

Case Number:	CM14-0001899		
Date Assigned:	06/11/2014	Date of Injury:	07/09/2012
Decision Date:	11/19/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/07/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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:

The patient is a 33 year old male with date of injury 7/9/2012. The mechanism of injury is not stated in the available medical records. The patient has complained of low back pain and left knee pain since the date of injury. He has been treated with physical therapy, chiropractic therapy and medications. There are no radiographic reports included for review. Objective: tenderness to palpation of the medial and lateral knee joint lines, patellar crepitus with range of motion, mildly antalgic gait, decreased sensation in the left L4-5 and S1 dermatomes, positive straight leg raise on the left. Diagnoses: knee pain, lumbar disc disease with radiculitis. Treatment plan and request: viscosupplementation to left knee, series of 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation injections to the left knee, series of three (3): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints Page(s): 339.

Decision rationale: This 33 year old male has complained of low back pain and left knee pain since date of injury 7/9/2012. He has been treated with physical therapy, chiropractic therapy

and medications. The current request is for viscosupplementation of the left knee, series of three. Per the MTUS guideline cited above, Synvisc injections for knee pain are not a recommended pharmaceutical or procedural intervention. On the basis of the MTUS guideline cited above, viscosupplementation to the left knee, series of three, is not indicated as medically necessary in this patient.