MAXIMUS Federal Services

Case Number:	CM14-0164747		
Date Assigned:	10/09/2014	Date of Injury:	05/27/2000
Decision Date:	11/10/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/07/2014

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 Family Medicine 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:

Patient had a date of injury on 5/27/2000. Patient while at work twisted her right knee and heard a pop followed by pain and swelling. Treating physician did xrays which were negative and conservative treatment was done. Patient has had physical therapy oral medications, knee sleeve and cortisone injections. MRI done on 6/23/2000 showed a questionable small tear of the medial meniscus. Patient has had arthroscopic surgery which showed osteochondritis desiccans of the lateral femoral condyle. Diagnosis include: Osteochondritis desiccans, early osteoarthritis, bilateral valgus knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Synvisc Hylan GF 20 injections to the left knee (1x a week for 3 weeks; 3 injections): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

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

Decision rationale: According to guidelines - Synvisc injections should be given only if significant improvement is documented for 6 months or more for repeat injections. Synvisc injections should be given for osteoarthritis of the knee and when standard corticosteroid injections have failed improvement. According to medical records patient does not show significant improvement from previous Synvisc injection which was less than 6 months ago and thus not medically necessary.