

Case Number:	CM14-0180022		
Date Assigned:	11/04/2014	Date of Injury:	08/09/2011
Decision Date:	12/09/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/29/2014

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 54 year old male with date of injury 8/9/2011. The mechanism of injury is stated as hurting his left knee when moving to a kneeling position. The patient has complained of left knee pain since the date of injury. He has been treated with physical therapy, synvisc injection, steroid injection and medications. MRI of the left knee dated 01/2013 revealed moderate to severe medial compartment arthrosis and mild-moderate patellofemoral arthrosis. Objective: tenderness to palpation at the medial joint line left knee. Diagnoses: left knee degenerative joint disease. Treatment plan and request: Synvisc injection x 1 left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc-one injection for the 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 Hyaluronic acid

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

Decision rationale: This 54 year old male has complained of left knee pain since date of injury 8/9/2011. He has been treated with physical therapy, synvisc injection, steroid injection and medications. The current request is for synvisc injection x 1 left knee. 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 (Synvisc) is not indicated as medically necessary in this patient.