

Case Number:	CM14-0027298		
Date Assigned:	06/16/2014	Date of Injury:	03/31/2008
Decision Date:	11/04/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/03/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 46 year old male with a date of injury on 3/31/2008. The mechanism of injury was not documented. Past surgical history was positive for right knee arthroscopy for a meniscal tear. Physical therapy was prescribed and approved for 12 visits from 4/3/13 to 6/25/14. The 2/19/14 utilization review denied the request for right knee Synvisc injection. The rationale for this decision was not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISC INJECTION TO RIGHT KNEE: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines do not provide recommendations for hyaluronic acid injections. The Official Disability Guidelines state that hyaluronic acid injections are recommended for injured workers who experience significantly symptomatic osteoarthritis but have not responded adequately to

standard non-pharmacologic and pharmacologic treatments. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee because the effectiveness of hyaluronic acid injections for these indications has not been established. Guideline criteria have not been met. There are no radiographic or arthroscopic findings of osteoarthritis documented in the medical records. There is no evidence that the injured worker has not responded adequately to standard conservative treatments. Therefore, this request is not medically necessary.