

Case Number:	CM14-0029791		
Date Assigned:	06/20/2014	Date of Injury:	05/29/2010
Decision Date:	07/23/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology has a subspecialty in Pain 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:

The injured worker is a 51 year old female who sustained an injury to her left knee on 05/29/10 after a fall at work. Physical examination noted unsteady gait; pain constant and severe; straight cane for ambulation; tenderness in the bilateral knees. The injured worker was diagnosed with an old bucket handle tear of the meniscus and rated her pain 8/10 on the visual analogue scale (VAS). The injured worker stated that the bilateral knee pain was worse on the left. Previous treatment included activity modifications, medications and Synvisc injections dated 2012. It was reported that the injured worker was placed at maximum medical improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injections #3 for left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute's Official Disability Guidelines (ODG), Knee and Leg Section, (Updated 01/20/2014).

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 chapter, Hyaluronic acid injections.

Decision rationale: The request for Synvisc injections # three for the left knee is not medically necessary. The previous request was not granted on the basis that there was no identification of severe osteoarthritis or any other conservative measures to address this. It was not clear if this individual was a candidate for total knee arthroplasty. There was no indication as to the injured worker's response to the previous series of Synvisc injections. The Official Disability Guidelines state that a repeat series of injections may be warranted if there is documentation of significant improvement in symptoms for six months or more and symptoms recur, it may be reasonable to do another series. Given this, the request for Synvisc injections # three for the left knee is not indicated as medically necessary.