

Case Number:	CM14-0075561		
Date Assigned:	07/16/2014	Date of Injury:	11/09/2012
Decision Date:	09/29/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/23/2014

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 Florida. 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 56-year-old male who reported an injury on 11/09/2012, he was reportedly unclogging a drain for a house and his right foot fell into a 12 inch wide hole and he felt immediate pain in the right knee. On 02/20/2014, the injured worker presented with right knee pain. Upon examination there was a healed arthroscopic incision of the right knee. There range of motion was restricted on flexion. A right knee MRI performed on 02/13/2013 revealed a medial meniscal tear, moderate osteoarthritic change in the medial and patellofemoral compartments, and probable loose body and slightly lateral subluxed patella. The diagnoses were status post right knee arthroscopy with partial medial meniscectomy, right knee chondroplasty, grade 3 chondromalacia of the patella and medial femoral condyle. Prior therapy included medications and surgery, the provider recommended a Synvisc injection for the right knee, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injections 1 times 3 Right 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, Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections.

Decision rationale: The request for a synvisc injection 1 times 3 for the right knee is not medically necessary. The California MTUS/ACOEM Guidelines state invasive techniques such as needle aspiration or effusions of prepatellar bursal fluid and cortisone injections are not routinely indicated. Official Disability Guidelines further state that hyaluronic acid injections or Synvisc injections are recommended as a possible option for severe osteoarthritis for injured workers who have not responded adequately to recommended conservative treatment. There is lack of documentation that the injured worker had a diagnoses congruent with the guideline recommendation for Synvisc injections. As such, medical necessity has not been established.