

Case Number:	CM14-0076756		
Date Assigned:	07/25/2014	Date of Injury:	01/23/2012
Decision Date:	12/16/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/27/2014

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 Management 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:

According to the records made available for review, this is a 57-year-old male with a 1/23/12 date of injury. At the time (4/28/14) of request for authorization for Synvisc Injection to the Right Knee, there is documentation of subjective (right knee pain) and objective (limited range of motion of the knee) findings, current diagnoses (status post right knee arthroscopy), and treatment to date (Synvisc injection and medications). Medical reports identify that the Synvisc injection to the right knee on 4/8/13 was somewhat beneficial. There is no documentation of significant improvement in symptoms for 6 months or more.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection to the 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, Treatment for Workers Compensation, Knee and Leg, (Acute and Chronic) Procedure Summary.

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

Decision rationale: MTUS does not address this issue. ODG identifies documentation of significant improvement in symptoms for 6 months or more, and symptoms recur, as criteria necessary to support the medical necessity of repeat series of hyaluronic acid injections. Within the medical information available for review, there is documentation of a diagnosis of status post right knee arthroscopy. However, despite documentation of previous Synvisc injection to the right knee that was somewhat beneficial, there is no documentation of significant improvement in symptoms for 6 months or more. Therefore, based on guidelines and a review of the evidence, the request for Synvisc injection to the right knee is not medically necessary.