

Case Number:	CM14-0080629		
Date Assigned:	07/18/2014	Date of Injury:	02/15/2000
Decision Date:	09/12/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/02/2014

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 57 year old male with date of injury 2/15/2000. The mechanism of injury is not stated in the available medical records. The patient has complained of knee pain since the date of injury. He has been treated with physical therapy, steroid injections and medications. There are no radiographic reports included for review. The physical exam dated 5/14 showed a body mass index (BMI) of 28.8; physical exam dated 11/2013 showed normal gait, varus deformity right knee, medial joint line tenderness right knee with crepitation and pain with extremes of flexion. His diagnoses are: osteoarthritis of the right knee, internal derangement and anterior cruciate ligament (ACL) tear of the right knee. The treatment plan is: Synvisc injections x 3 right knee using fluoroscopy and ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Synvisc Injection series, for the Right Knee, total of 3 Injections, with Fluoroscopic and ultrasound Guidance,: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
<https://www.acoempracguides.org/Knee: Table 2, Summary of recommendations, Knee Disorders.>

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

Decision rationale: This 57 year old male has complained of right knee pain since date of injury 2/15/2000. He has been treated with physical therapy, steroid injections and medications. The current request is for Synvisc injections right knee x 3 using fluoroscopy and ultrasound. 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, Synvisc is not indicated as medically necessary for this patient.