

Case Number:	CM14-0187788		
Date Assigned:	11/18/2014	Date of Injury:	11/16/2011
Decision Date:	01/06/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/11/2014

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 Family Practice 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:

38 yr. old female claimant sustained a work injury on 11/6/11 involving the right knee and right hip. She had undergone an autologous chondrocyte implantation, synovectomy and medial and lateral menisectomies in 2013. She had used oral analgesics for pain relief. She had undergone physical therapy. A progress note on 10/23/14 indicated the claimant had continued knee pain and limited range of motion. Prior x-rays did not indicate arthritis. The physician requested a trial of a Synvisc injection due to continued symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection x1 right knee using ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Synvisc (Hyaluronic Acid)injection and Knee Pain

Decision rationale: According to the guidelines, Synvisc is indicated as an option for those with osteoarthritis when other methods have failed. There is insufficient evidence for other conditions

of the knees. In this case, there is no indication of osteoarthritis. The symptoms are due to a failed fracture, injury and chronic pain. The Synvisc is not medically necessary.