

Case Number:	CM14-0203263		
Date Assigned:	12/15/2014	Date of Injury:	02/14/2013
Decision Date:	02/06/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/04/2014

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 Neurology, 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:

10/24/14 note reports the insured is walking about 1 mile. There is constant pain in the knee. A brace helps some. The insured is not taking any medication for the pain. The insured is not doing physical therapy due to pain. Exam notes normal reflexes and coordination. There is mild and generalized pain in the right knee. Strength is 5/5. There is positive Petellar Grind test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc one injection 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 Chapter, Hyaluronic Acid Injections

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

Decision rationale: The medical records report pain in the knee with documented findings of osteoarthritis but does not demonstrate a history of failure of intra articular steroid injections. ODG guidelines support Synvisc for patients with osteoarthritis of the knees with demonstrated failure of conservative care including intra articular steroids. As such the medical records

provided for review do not support Synvisc injection congruent with ODG guidelines. The request is not medically necessary.