

Case Number:	CM15-0106111		
Date Assigned:	06/10/2015	Date of Injury:	05/30/2013
Decision Date:	07/14/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

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 65 year old female, who sustained an industrial injury on 05/30/2013 as the result of a slip and fall. On provider visit dated 05/11/2015 the injured worker has reported left leg and right knee pain. On examination of the right knee revealed tenderness to the right knee medial joint line soft tissue and no swelling noted with a positive McMurray's test. The injured worker was noted to be working on modified duty. The diagnoses have included right knee ligament tear. Treatment to date has included walking exercise, physical therapy and medications. The provider requested Right Knee Synvisc Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee, Synvisc Injection, Qty 1: 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 <http://www.synvisconehcp.com/>.

Decision rationale: The patient is a 65 year old female who sustained an injury in May of 2013 with subsequent reports of right knee pain. The diagnosis made was right knee ligament tear. She has been treated with physical therapy, exercises, medications. The request is for the use of a Synvisc injection to aid in pain relief. The manufacturer's stated indications for the use of their product is "osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and simple analgesics." There is a lack of documentation or imaging studies revealing osteoarthritis. As such, the request would not be certified.