

Case Number:	CM15-0202241		
Date Assigned:	10/19/2015	Date of Injury:	03/09/2010
Decision Date:	11/30/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/14/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 47 year old female, who sustained an industrial injury on 3-9-10. She reported left knee pain. The injured worker was diagnosed as having status post anterior cruciate ligament reconstruction and status post 3 left knee surgeries. Treatment to date has included left knee anterior cruciate ligament repair, at least 3 physical therapy sessions, and Motrin. On 8-20-15, the treating physician noted, "there is a pinching sensation, problem with the stairs, and difficulty with activities of daily living." Physical examination findings on 8-20-15 included crepitation and cracking on the patellofemoral area. Pain with range of motion was noted. On 8-20-15, the injured worker complained of left knee pain. On 9-10-15, the treating physician requested authorization for a Synvisc injection for the left knee. On 9-17-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection for the left 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 (ODG), Knee & Leg, 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 chapter and pg 36.

Decision rationale: According to the guidelines, Synvisc injections are indicated for those who meet the criteria for osteoarthritis. In this case, the claimant did not imaging diagnosis of arthritis. Besides crepitus, there was no other factor confirming osteoarthritis. In addition, the claimant received steroid injections in the past. The request for another a Synvisc injection is not medically necessary.