

Case Number:	CM15-0084309		
Date Assigned:	05/06/2015	Date of Injury:	07/15/2013
Decision Date:	06/11/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	05/01/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 45 year old male with a July 15, 2013 date of injury. At the time (March 17, 2015) of the most recent evaluation submitted for review, there is documentation of subjective findings (persistent left knee pain; swelling of the knee), and objective findings (mild synovitis; full range of motion; positive crepitus and patella tilt test; exam unchanged since last visit). Current diagnoses were noted in the medical record to be chronic left knee internal derangement, left knee medial meniscus tear, and chondromalacia. Treatments to date included partial meniscectomy, chondroplasty, cortisone injections, magnetic resonance imaging of the knee, physical therapy, medications, and exercise. The treating physician documented a plan of care that included three Synvisc injections to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) Synvisc injections, left knee: Overturned

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 (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - knee, synvisc.

Decision rationale: The medical records report pain in the knee with documented findings of osteoarthritis and does demonstrate a history of failure of intraarticular steroid injections. ODG guidelines support synvisc for patients with osteoarthritis of the knees with demonstrated failure of conservative care including intraarticular steroids. As such the medical records provided for review do support synvisc injection congruent with ODG guidelines. Therefore the request is medically necessary.