

Case Number:	CM14-0129164		
Date Assigned:	08/18/2014	Date of Injury:	02/04/2014
Decision Date:	12/15/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Louisiana. 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:

The patient is a 51 year old male who was injured on 02/04/2014 while performing his usual and customary duties and developed right knee stiffness and mild pain. Prior treatment history has included physical therapy, home exercise program, and anti-inflammatories. Initial report dated 04/23/2014 states the patient complained of intermittent anterior right knee pain that is sharp in nature. On exam, he has positive patellar ligament, medial and lateral retinaculum with tenderness to palpation. He has positive patellofemoral compression test with palpable crepitus. Single leg squat is limited by anterior knee pain. He is diagnosed with patellofemoral syndrome and knee/leg sprain. The patient was recommended for chiropractic physiotherapy twice a week for 4 weeks; PRP injection; and home exercise program. Prior utilization review dated 07/17/2014 states the request for Synvisc One Injection-Right Knee is denied based on the clinical information provided.

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 cite any medical evidence for its decision.

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

Decision rationale: CA MTUS is silent regarding the request. Based on Official Disability Guidelines, Synvisc is a hyaluronic acid injection which is recommended for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. In this case, there are no supporting documentation that the patient meet the criteria of the guidelines. There is no documentation that the patient has tried and failed steroid injections. Therefore, the request for Synvisc injection to right knee is not medically necessary at this time.