

Case Number:	CM14-0135713		
Date Assigned:	08/27/2014	Date of Injury:	08/29/2013
Decision Date:	10/16/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/25/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Pennsylvania, Ohio, Michigan and Texas. 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 injured worker is a 35 year-old female who sustained an August 29, 2013 sprain of other specified sites of the left knee and leg (844.8). The most recent submitted progress note dated 8/22/14 reveals complaints of left knee pain with numbness, tingling, and popping. The pain level is rated a 6 out of 10 score on visual analog scale (VAS). It was documented that left knee pain is always present and aggravated with standing, sitting, or attempting to walk too fast, complaint of swelling alleviated by medications and rest. Prior treatment includes: Prescribed non-steroidal anti-inflammatory medications, arthroscopic left knee surgery-medial/lateral meniscectomies, and physical therapy. A prior 7/22/14 utilization review determination resulted in denial of one Synvisc-One injection for the left knee, outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Synvisc-One injection for the left knee, outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The requested left knee Synvisc-One injection is not approved because there is insufficient submitted clinical evidence of left knee osteoarthritis that has failed conservative management to medically justify this request. CA-MTUS is silent regarding this matter therefore evidence-based ODG Guidelines is utilized which states the following regarding Hyaluronic Acid injections including Synvisc-One.