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| Case Number: | CM14-0147962 | | |
| Date Assigned: | 09/15/2014 | Date of Injury: | 04/07/2012 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 08/27/2014 |
| Priority: | Standard | Application Received: | 09/11/2014 |

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 California. 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 60-year-old female with an original industrial injury on April 7, 2012. The industrial diagnoses include bilateral elbow medial epicondylitis, bilateral lateral epicondylitis, carpal tunnel syndrome, chronic low back pain, lumbar discopathy, lumbar stenosis, bilateral knee pain, and bilateral ankle strain. The patient has had left knee arthroscopic partial lateral meniscectomy with chondroplasty and right knee arthroscopy. Conservative treatments to date have included pain medications, physical therapy, activity restriction, in addition to these therapies. The disputed request is for a Synvisc injection of the left knee. The utilization review decision on August 27, 2014 had noncertified this request. The stated rationale for the denial was a "lack of documentation related to conservative nonpharmacologic and pharmacologic treatments and subsequent failure or intolerance of those therapies."

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Synvisc Injection for 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) Treatment Index, 11th Edition (web) 2014, Knee, 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 and Leg Chapter, Viscosupplementation

Decision rationale: A progress note in which the request for Synvisc injection of the left knee was requested states in the treatment section that the rationale for the request was noted above. Above the treatment section, there is documentation of objective findings of left knee effusion. The subjective portion does not provide any additional information relative to this request. There is documentation that the injured worker has tried anti-inflammatories without benefit. It is not clear in the submitted documentation whether the patient has undergone physical therapy for the left knee. No physical therapy notes pertaining to the knee were available for review. Given the lack of documentation of previous conservative care, the request for Synvisc injection is not medically necessary.