

Case Number:	CM14-0096525		
Date Assigned:	07/28/2014	Date of Injury:	07/18/2010
Decision Date:	10/08/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/24/2014

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 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 62-year-old male who reported an injury on 07/18/2010. The mechanism of injury was not provided. On 04/10/2014 the injured worker presented with knee pain. Upon examination there was no evidence of fracture or dislocation. There was heterotopic ossification observed along the course of the tibial collateral ligament keeping with remote injury and faint mineralization overlying the lateral joint line. There is moderate patellar enthesopathy. The diagnoses were mild to moderate medial femorotibial compartment osteoarthritis; mild osteoarthritis involving the lateral femorotibial and the patellofemoral compartments; small suprapatellar effusion; and no acute osseous abnormality of the right knee. Prior treatments were not provided. The provider recommended a Synvisc one injection to the right knee. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Treatment Index, 11th Edition (web) 2013 Knee & Leg Chapter, Hyaluronic Injections, Criteria for Hyaluronic Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337.

Decision rationale: The request for a Synvisc one injection, right knee is not medically necessary. The California MTUS/ACOEM Guidelines state invasive techniques, such as needle aspiration of effusion or prepatellar bursal fluid and cortisone injections, are not routinely indicated. As the guidelines do not recommend invasive techniques, such as needle aspirations or injections, the Synvisc one injection to the right knee would not be indicated. As such, this request is not medically necessary.