

Case Number:	CM15-0071210		
Date Assigned:	04/21/2015	Date of Injury:	02/03/2014
Decision Date:	05/19/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/14/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 53 year old female who sustained an industrial injury on February 11, 2014. She reported an injury to her right leg. Prior treatment includes physical therapy, knee arthroscopy with partial medial meniscus resection. Currently the injured worker complains of right knee pain. On examination, she has tenderness to palpation of the medial joint line of the right knee and no signs of meniscus pathology. The diagnosis associated with the request is sprain/strain of the knee and leg. The submitted documentation did not specify a specific current treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection x3 right 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, hyaluronic acid injections, knee.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that hyaluronic acid injections in the knee are only indicated when there is failure of conservative therapy and radiograph proven osteoarthritis of the knee. The provided clinical documentation for review fails to meet these criteria. Therefore, the request is not medically necessary.