

Case Number:	CM15-0097950		
Date Assigned:	05/29/2015	Date of Injury:	11/16/2007
Decision Date:	07/03/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/20/2015

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: California, 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 49 year old male, who sustained an industrial injury on 11/16/2007. The current diagnoses are knee/leg sprain. According to the progress report dated 4/15/2015, the injured worker complains of left knee pain with swelling. The level of pain is not rated. The physical examination of the left knee reveals slight effusion. The current medications are Celebrex, Methocarbamol, Norco, and Omeprazole. Treatment to date has included medication management and physical therapy. The plan of care includes Synvisc injection to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee Synvisc injection quantity: 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, (updated 5/5/15) 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 & leg, hyaluronic acid injections.

Decision rationale: This patient's date of injury was 11/11/2007. He complains of chronic left knee pain. he is not working. An MRI shows a complex tear of the lateral meniscus without displacement. it is unclear why he has not had surgical intervention for this problem. He has no osteoarthritis in the left knee, however he does have chondromalacia patellae. The CA MTUS does not address Synvisc injections to the knee. The ODG states that osteoarthritis of the knee is a recommended indication for Synvisc injections, but there is insufficient evidence for other conditions, including patellofemoral arthritis and chondromalacia patella. This patient does not have osteoarthritis of the knee, therefore does not meet criteria for Synvisc injections and the request is not medically necessary.