

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/7/2013  
Date of Injury: 1/18/2010  
IMR Application Received: 8/19/2013  
MAXIMUS Case Number: CM13-0012796

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, 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 physician 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.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 44-year-old male who reported a work-related injury on 01/18/2010. The patient has been treated for right knee pain status post a right knee arthroscopy with partial medial meniscectomy, chondroplasty in the medial femoral condyle, and synovectomy in the suprapatellar pouch as of 2011. The clinical note dated 08/07/2013 documents the patient was seen under the care of Dr. [REDACTED]. The provider documents the patient has complaints of constant, severe, sharp right knee pain and numbness aggravated by prolonged standing, prolonged walking, climbing stairs, and kneeling. Upon physical exam of the patient's right knee, range of motion was decreased and painful. Flexion was noted to be at 135 degrees with extension at 0 degrees. The patient had +3 tenderness to palpation at the anterior knee, posterior knee, medial knee, lateral knee, medial joint line, and lateral joint line.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. A series of 3 Right Knee Synvisc Injections is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Practice Guidelines, Knee Chapter, which is part of the MTUS, and the Official Disability Guidelines Knee & Leg (Acute & Chronic) section, which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines, Knee and Leg Chapter.

The Physician Reviewer's decision rationale:

The current request previously received an adverse determination due to a lack of objective of symptomatology to support the requested injection therapy. The Official Disability Guidelines indicate specific criteria must be met upon physical exam of a patient to support Synvisc injection. This criteria includes: documentation of symptomatic severe osteoarthritis at the knee according to the American College of Rheumatology criteria, which requires knee pain in at least 5 of the following: (1) bony enlargement; (2) bony tenderness; (3) crepitus; (4) erythrocyte sedimentation rate less than 44mm/hr; (5) less than 30 minutes of morning stiffness; (6) no palpable warmth of synovium; (7) over 50 years of age; (8) rheumatoid factor less than 1:40 titer; (9) synovial fluid signs. Given the lack of 5 of the above criteria having been met, the request for 3 right knee synvisc injections is not medically necessary or appropriate. According to the medical records provided for review, the employee presented with minimal deficits of range of motion about the knee. The clinical notes did not indicate when the employee last utilized active treatment modalities for pain complaints. **The request for a series of 3 right knee synvisc injections is not medically necessary and appropriate.**

/MCC

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]  
[REDACTED]  
[REDACTED]