MAXIMUS Federal Services

Case Number:	CM13-0039299		
Date Assigned:	12/18/2013	Date of Injury:	01/25/2005
Decision Date:	05/21/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/03/2013

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 and is licensed to practice in Minnesota. 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 50-year-old male who reported injury on 01/25/2005. The mechanism of injury was not provided. The documentation of 08/05/2013 revealed the injured worker had severe osteoarthritis of the left knee. It was indicated the injured worker had a set of Synvisc injections, which ended in 01/2013. The injured worker gained several months of relief from the injections. The injured worker was given a corticosteroid injection, which helped for 2 weeks. The injured worker had mild varus alignment with standing. There was anterior and medial crepitus with range of motion. Range of motion was within normal limits, but was painful. There was tenderness to palpation over the medial joint line and mild tenderness laterally. There was no gross instability. The plan included Meloxicam, Omeprazole, Norco, and Synvisc injections. The injured worker additionally had intra-articular corticosteroid injections on 10/02/2013, which helped with pain for 2 weeks. The diagnosis was osteoarthritis of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISC INJECTIONS TIMES 3 FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg, Criteria for 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), Hyaluronic Injections

Decision rationale: Official Disability Guidelines recommend a repeat series of injections if there is documented significant improvement in symptoms for 6 months or more, and symptoms recur. The clinical documentation submitted for review indicated the injured worker had Synvisc injections in 01/2013. However, there was a lack of documentation of objective functional improvement that was received. Given the above, the request for Synvisc injections x3 for the left knee is not medically necessary.