

Case Number:	CM13-0059828		
Date Assigned:	12/30/2013	Date of Injury:	09/29/2003
Decision Date:	05/15/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/02/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 66-year-old male who reported an injury on 09/29/2003. The mechanism of injury was not provided for review. The injured worker's treatment history included left knee arthroscopy in 2002, a knee brace, multiple medications, and activity modifications. The injured worker has also received viscosupplementation injections to the right knee in 02/2012, 11/2012, 04/2013, and 08/2013 and injections to the left knee in 03/2012, 11/2012, 03/2013, and 08/2013. The injured worker was evaluated on 10/31/2013 and it was documented that the bilateral Synvisc injections from 08/2013 were considered beneficial. Physical findings included range of motion described as 0 degrees to 125 degrees with positive patellofemoral crepitation, positive patellofemoral grind, and tenderness to palpation along the medial joint line with visibly bony sclerosis bilaterally. The injured worker's diagnosis included osteoarthritis of the bilateral knees. The injured worker's treatment plan included additional Synvisc injections and continued use of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISC ONE VISCOSUPPLEMENTATION INJECTION 6ML (48MG) BILATERAL KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, section on Hyaluronic acid injections.

Decision rationale: Official Disability Guidelines recommend repeat injections be based on documentation of significant pain relief and an increase in functional benefit. The clinical documentation submitted for review did not adequately address the injured worker's prior response to the injections provided in 08/2013. Additionally, Official Disability Guidelines recommend a series of 3 injections be provided over a 5 year period. The clinical documentation submitted for review does indicate that the injured worker has exceeded this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested Synvisc One viscosupplementation injection 6 mL (48 mg), bilateral knees is not medically necessary and appropriate.