

Case Number:	CM14-0106417		
Date Assigned:	07/30/2014	Date of Injury:	03/24/2011
Decision Date:	08/29/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/09/2014

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 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 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 57-year-old male who reported an injury on 04/24/2011. He slipped and fell on ice and had a twisting injury. On 06/12/2014, the injured worker presented with pain in the right knee. The provider noted a normal MRI. There was no physical examination done at the time of this visit. The diagnosis was mild osteoarthritis. Prior treatments were not provided. The provider recommended a Synvisc injection to the right knee x3. The provider's rationale was not provided. The request for authorization form was dated 06/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection right knee x3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Integrated treatment/Disability Duration Guideline Knee and leg (acute & Chronic).

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, Hyaluronic Acid Injections.

Decision rationale: The request for a Synvisc injection to the right knee x3 is non-certified. The Official Disability Guidelines recommend Synvisc injections as a possible option for severe

osteoarthritis or for injured workers who have not responded adequately to recommended conservative treatment or to potentially delay total knee replacement. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patella, and osteochondritis desiccans. An adequate examination of the injured worker was not provided detailing current deficits of the right knee to warrant a Synvisc injection. Additionally, the provider noted that the injured worker had a diagnosis of mild osteoarthritis. Additionally, there is lack of evidence of a failure to respond to conservative treatment that includes exercise and NSAIDS or acetaminophen. As such, the request is non-certified.