

Case Number:	CM14-0115541		
Date Assigned:	08/04/2014	Date of Injury:	06/25/2012
Decision Date:	12/23/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/23/2014

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, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of June 25, 2012. A Utilization Review dated June 25, 2014 recommended non-certification of Synvisc One Injection Bilateral Knee. A 4/28/14 Permanent and Stationary Report identifies Interval History of advanced osteoarthritis of the right knee. The patient has previously had Synvisc viscosupplementation with good relief of symptoms. Physical Examination identifies right knee range of motion is 0 to 110 degrees, limited due to leg size, and 1+ effusion noted. She had Positive patellofemoral crepitation, positive grind, and positive McMurray's test. She has tenderness to the medial joint line, left knee positive patellofemoral crepitation, positive grind, and tenderness to the medial compartment. The Range of motion is 0 to 120 degrees. Assessment identifies industrial injury to the bilateral knees and Synvisc One to the right knee multiple times most recently 4/28/14. Plan identifies Synvisc One.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc-One injection to bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for hyaluronic acid injections, Medicare requirements, Synvisc website, AAOS 2013 Clinical Practice Guideline

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

Decision rationale: Regarding the request for Synvisc-One injection to bilateral knees, the California MTUS does not address the issue. The ODG recommends if there is significant improvement in symptoms for 6 months or more, and symptoms recur, it may be reasonable to do another series. Within the documentation available for review, there is documentation of previous Synvisc-One injections. However, there is no documentation of flare up of symptoms and significant improvement in symptoms for 6 months or more after the previous injections. In the absence of such documentation, the currently requested Synvisc-One injection to bilateral knees is not medically necessary.