

Case Number:	CM14-0157125		
Date Assigned:	09/30/2014	Date of Injury:	01/04/2012
Decision Date:	10/30/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/25/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of January 4, 2012. In a Utilization Review Report dated September 18, 2014, the claims administrator denied a request for a Synvisc (viscosupplementation) injection. The claims administrator invoked non-MTUS guidelines to deny the request and stated that the applicant did not have evidence of knee arthritis despite documenting a knee MRI of January 17, 2014 which demonstrated articular cartilage thinning and edema involving the patellar articular surface. The applicant was 52 years old, the claims administrator suggested. The applicant's attorney subsequently appealed. In a progress note dated April 29, 2014, the applicant was placed off of work, on total temporary disability, and given tramadol for reportedly severe knee pain. On June 3, 2014, the applicant was again placed off of work, on total temporary disability, owing to ongoing complaints of low back, knee, elbow, and wrist pain. The viscosupplementation injections were subsequently sought on August 19, 2014, while the applicant was again placed off of work, on total temporary disability. The attending provider also noted that the applicant had MRI imaging of the knee demonstrating articular cartilage thinning consistent with degenerative joint disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection to left knee QTY: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKesson Interqual Clinical Evidence Summary, Osteoarthritis, Knee, page.3, and on the Non-MTUS Official Disability Guidelines (ODG), Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, Injections section

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Knee Chapter Injections section, viscosupplementation injections are indicated in the treatment of moderate-to-severe knee osteoarthritis. In this case, the applicant does have clinically-evident, radiographically-confirmed knee osteoarthritis at age 52. Knee MRI imaging, referenced above, did demonstrate articular cartilage thinning consistent with a diagnosis of knee arthritis, which has seemingly proven recalcitrant to time, medications, physical therapy, other conservative treatments, etc. A viscosupplementation injection is therefore indicated. Therefore, the proposed Synvisc injection is medically necessary.