

Case Number:	CM14-0179856		
Date Assigned:	11/04/2014	Date of Injury:	08/13/2012
Decision Date:	12/09/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/29/2014

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 & Rehabilitation and is licensed to practice in New Jersey. 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 47-year-old female with a reported date of injury of 08/11/2012. The mechanism of injury was not stated. The current diagnosis includes stress incontinence, osteoarthritis of the knee, toe pain, severe obesity, hypertension and major depression. The latest physician progress report submitted for this review is documented on 03/26/2014. The injured worker was presented for a blood pressure recheck. Previous conservative treatment is noted to include medication management and injections. The injured worker's physical examination was not provided on that date. Treatment recommendations included continuation of the current medication regimen. There was no request for authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee Synvisc injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Hyaluronic Acid Injection

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques, such as cortisone injections, are not routinely indicated. The Official Disability Guidelines (ODG) recommended hyaluronic acid injections for patients who experience significantly symptomatic osteoarthritis and have not responded adequately to recommended conservative treatment. As per the documentation submitted, the injured worker does maintain a diagnosis of knee osteoarthritis. However, there is no mention of an exhaustion of recent conservative treatment. There was no physical examination provided. Therefore, there is no documentation of symptomatic severe osteoarthritis. Additionally, it is noted that the injured worker has been previously treated with hyaluronic acid injections in 01/2013. There was no documentation of objective functional improvement. Therefore, this request is not medically necessary.