

Case Number:	CM14-0186212		
Date Assigned:	11/14/2014	Date of Injury:	11/17/2005
Decision Date:	12/31/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/07/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 43 yo male who sustained an industrial injury on 11/17/2005. The mechanism of injury was not submitted with the review. His diagnoses include low back pain, bilateral knee pain, and bilateral elbow pain. He continues to complain of bilateral knee pain. On exam there is tenderness to palpation; range of motion is 0 to 125, there is patellofemoral crepitation and a positive grind test. Treatment has consisted of medical therapy with narcotics, arthroscopic surgery, physical therapy, and previous bilateral Synvisc injections. The treating provider has requested Synvisc injections to both knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc One Injection 6ml (right knee) Quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

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, Criteria for Hyaluronic acid injections

Decision rationale: There is no documentation provided necessitating the requested Synvisc injection. Per ODG the criteria for hyaluronic acid injections include patients who experience

significantly symptomatic osteoarthritis and have not responded to conservative nonpharmacologic and pharmacologic treatment or who are intolerant of these therapies after at least 3 months. No documentation was provided indicating that the patient has undergone conservative nonpharmacologic or pharmacologic treatment for 3 months prior to the requested viscosupplementation. In addition, there was no recent clinical documentation to support efficacy from prior injections. Medical necessity for the requested item has not been established. The requested Synvisc One Injection 6ml for right knee is not medically necessary.

Synvisc One Injection 6ml (left knee) Quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

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, Criteria for Hyaluronic acid injections

Decision rationale: There is no documentation provided necessitating the requested Synvisc injection. Per ODG the criteria for hyaluronic acid injections include patients who experience significantly symptomatic osteoarthritis and have not responded to conservative nonpharmacologic and pharmacologic treatment or who are intolerant of these therapies after at least 3 months. No documentation was provided indicating that the patient has undergone conservative nonpharmacologic or pharmacologic treatment for 3 months prior to the requested viscosupplementation. In addition, there was no recent clinical documentation to support efficacy from prior injections. Medical necessity for the requested item has not been established. The requested Synvisc One Injection 6ml for left knee is not medically necessary.