

Case Number:	CM14-0022001		
Date Assigned:	05/09/2014	Date of Injury:	08/04/2009
Decision Date:	08/07/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/21/2014

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 Occupational 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 August 4, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and opioid therapy. In a Utilization Review Report dated February 11, 2014, the claims administrator denied a request for Synvisc injections to the knee. The note was difficult to follow and was apparently predicated on the fact that the applicant had not clearly demonstrated a benefit with what the claims administrator believed were earlier Synvisc injections. The applicant's attorney subsequently appealed. On January 31, 2014, the applicant did undergo a lumbar epidural steroid injection. On January 16, 2014, the applicant was described as having persistent complaints of knee pain, which he felt were only minimally ameliorated through an earlier injection. The applicant stated that Ultracet and Relafen were not providing him much in the way of analgesia. MRI imaging of the knee of November 20, 2013 was apparently notable for some amount of cartilage irregularity and some osteophyte formation. A Synvisc injection was apparently sought. It appeared that the applicant had received an earlier corticosteroid injection to the knee on October 9, 2013. On October 17, 2013, the knee Synvisc injection in question was apparently earlier sought for a diagnosis of knee arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

SNYVISC INJECTION TO THE RIGHT KNEE: Overturned

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

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 Viscosupplementation Injections topic, viscosupplementation injections are indicated in the treatment of knee arthritis, as is present here. In this case, the applicant does, per the treating provider, have radiographic and clinical evidence of knee arthritis which has proven resistant to time, medications, physical therapy, and at least one earlier knee corticosteroid injection. A trial Synvisc injection is therefore indicated. Therefore, the request is medically necessary.