

Case Number:	CM14-0023826		
Date Assigned:	06/11/2014	Date of Injury:	10/26/2012
Decision Date:	07/24/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/25/2014

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 Rehabilitation 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 injured worker is a 53 year-old male who reported an injury on 05/26/2001 from an unknown mechanism. The injured worker had a history of recurrent effusions of the right knee. Upon physical examination of the right knee on 04/01/2014, the injured worker showed no intraarticular effusion and well-healed arthroscopic portals. On examination on 05/14/2014, the injured worker complained of pain to the right shoulder (with a history of rotator cuff tear 1977). The injured worker underwent right knee synvisc injection approximately 3 weeks 03/24/2014 with significant improvement in pain symptoms. The injured worker had a diagnoses of status post aspiration of the right knee 11/06/2013 and x-ray of the right knee showed medial osteophytic changes with narrowing of the medial joint compartment of on 10/22/2013. The medication list consisted of Norco. The treatment plan is for synvisc injection times three to the right knee. The request for authorization form and rationale were not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISC INJECTION, TIMES THREE TO THE RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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, section on Hyaluronic acid injections.

Decision rationale: The Official Disability Guidelines state that repeat series of injections are recommended if there is documented significant improvement in symptoms for 6 months or more, and symptoms recur. The injured worker has undergone prior injections. However, there was only 3 weeks of relief. As such, the request is not medically necessary and appropriate.