

Case Number:	CM14-0029112		
Date Assigned:	06/20/2014	Date of Injury:	03/25/2003
Decision Date:	07/21/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 37 year old male who sustained an injury to his right knee on 08/25/03 while walking on a beam at work; he lost balance, and then fell to the ground, landing face down. Prior treatment has included therapeutic creams and chiropractic manipulation treatment that had provided some benefit. Physical examination noted patellar crepitus on flexion/extension with medial joint line tenderness bilaterally; there was a well-healed incision noted at the side of the right knee following arthroscopy. A pain management follow up report dated 05/05/14 reported that the injured worker has not been able to decrease his medications since his knee complaints have been severe. Currently, he is not undergoing physical therapy or any modes of treatment. Physical examination noted tenderness over the bilateral knees with no swelling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injections x3 for Right Knee.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee and Leg (updated 01/20/2014) Hyaluronic acid injections.

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, Hyaluronic acid injections.

Decision rationale: The request for Synvisc injections times three for the right knee is not medically necessary. The previous request was denied on the basis that there was no documentation of failure of adequately to respond to aspiration and injection of intra articular steroids and that there was no documentation provided of a diagnosis of osteoarthritis. The Official Disability Guidelines state that treatment with Hyaluronic acid injections should be reserved for injured workers who experience significantly symptomatic osteoarthritis, but have not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatments or are intolerant of these therapies after at least 3 months. There must be documented symptomatic severe osteoarthritis of the knee, and there must be documentation of failure to adequately respond to aspiration and injection of intra-articular steroids. Given this, the request for Synvisc injections times three for the right knee is not indicated as medically necessary.