MAXIMUS Federal Services

Case Number:	CM14-0029266		
Date Assigned:	09/26/2014	Date of Injury:	11/08/2011
Decision Date:	10/29/2014	UR Denial Date:	02/17/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of November 8, 2011. A utilization review determination dated February 17, 2014 recommends non-certification of Synvisc-one injection to the left knee. A progress note dated June 18, 2014 identify subjective complaints of constant low back pain that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. The patient characterizes his low back pain as being sharp, he states the pain radiates to the lower extremities, and he rates his low back pain as a 7 on a scale of 1 to 10. The patient also reports constant pain and bilateral knees that is aggravated by squatting, kneeling, with ascending and descending stairs, walking multiple blocks, and prolonged standing. The patient admits to some swelling and buckling, characterizes the pain as throbbing, and he rates his pain as a 6 on a scale of 1 to 10. Physical examination identifies tenderness in the joint line of knee, patellar grind test is positive, McMurray test is positive, and there is crepitus with painful range of motion. The diagnoses include lumbago, plantar fasciitis, and internal derangement of the knee. The treatment plan recommends authorization for a referral to a sleep specialist for CPAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc - One injection to left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Rheumatology and Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Hyaluronic acid injections

Decision rationale: Regarding the request for Synvisc-one injection to left knee, Occupational Medicine Practice Guidelines do not contain specific criteria regarding the use of hyaluronic acid injections. Official Disability Guidelines (ODG) states that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. Within the documentation available for review, the requesting physician has not documented that the patient has failed conservative treatment, including physical therapy and medication. Furthermore, there is no documentation of an x-ray identifying osteoarthritis in the left knee. Additionally, guidelines do not support the use of hyaluronic acid injections for internal derangement of the knee. As such, the currently requested Synvisc-one injection to left knee is not medically necessary.