

Case Number:	CM14-0050518		
Date Assigned:	07/07/2014	Date of Injury:	01/18/2009
Decision Date:	10/07/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/18/2014

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 Nevada. 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 records, presented for review, indicate that this 44-year-old gentleman was reportedly injured on January 18, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 7, 2014, indicated that there were ongoing complaints of right knee pain. The physical examination demonstrated range of motion from 0 to 130 , patella femoral crepitus, and tenderness at the medial compartment. Physical examination the right shoulder noted forward flexion to 170 and internal rotation to the level of T12. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a right shoulder and a right knee arthroscopy and a previous Synvisc injection. A request had been made for Synvisc one injection for the bilateral knees and was not certified in the pre-authorization process on April 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc One injection, bilateral knees (x 2 injections, one for each 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

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

Decision rationale: According to the American College of Occupational and Environmental Medicine, hyaluronic acid injections are recommended for individuals with moderate to severe osteoarthritis that have been determined to be not responsive to other conservative treatments. A review of the attached medical record indicates that the injured employee has had a previous right knee arthroscopy, which revealed osteoarthritis; however, this was not graded as moderate to severe arthritis. Additionally, there is no mention of any left knee osteoarthritis. For these reasons, this request for Synvisc one injections for the bilateral knees is not medically necessary.