

Case Number:	CM13-0063302		
Date Assigned:	12/30/2013	Date of Injury:	08/25/2011
Decision Date:	01/05/2015	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/09/2013

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

6/18/2014 note reports pain in the knees. The insured is doing stationary bike and aerobics. There is pain in the right knee anterior and lateral area. Plan was continued weight loss and plan for left TKA in September of 2014. 2/11/14 note reports left and right knee pain. The insured is reported to have viscosupplement in left knee with 4 sessions done around December 2013. The insured reports 50% improvement and that it has started to wear off.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injections, Once a week for four weeks with Ultrasound Guidance: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -knee, synvisc

Decision rationale: The medical records report pain in the knee with documented findings of osteoarthritis but does not demonstrate a history of failure of intrarticular steroid injections. ODG guidelines support synvisc for patients with osteoarthritis of the knees with demonstrated failure of conservative care including intraarticular steroids. As such the medical records

provided for review do not support synvisc injection congruent with ODG guidelines. The request is not medically necessary.