

Case Number:	CM14-0025727		
Date Assigned:	06/13/2014	Date of Injury:	08/29/2013
Decision Date:	03/17/2015	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 patient is a 56-year-old woman who sustained a work-related injury on August 29, 2013. Subsequently, she sustained chronic left knee pain. According to a progress report dated February 10, 2014 noted that the patient has been complaining of retropatellar knee pain and medial joint line tenderness. The patient was diagnosed with post left knee arthroscopy and osteoarthritis. A steroid injection was performed on January 27, 2014, which offered only temporary relief. An arthroscopic procedure with a partial medial lateral meniscectomy was completed on December 6, 2013, however the patient was reported to remain totally disabled. The provider request authorization for Synvisc-one injection. On 02/21/2014 Utilization Review non-certified a request for outpatient Synvisc-one injection to the left knee #1 noting that the clinical records do not outline what conservative measures (other than a steroid injection) have been employed to address the symptomatic osteoarthritis. The MTUS, ACOEM Guidelines, (or ODG) were cited. On 03/01/2014, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Synvisc-One Injection To The Left Knee as an Outpatient: 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 & Leg (Acute & Chronic), Criteria for 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, Knee & Leg

Decision rationale: Outpatient Synvisc-one injection of the left knee #1 is not medically necessary per the ODG Guidelines. The MTUS does not address this issue. The ODG states that one of the criteria for hyaluronic acid injections is documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. The documentation does not indicate objective radiographic evidence of severe osteoarthritis of the knee or physical exam findings of severe osteoarthritis of the knee. The request for an outpatient Synvisc-injection to the left knee is not medically necessary.