

Case Number:	CM15-0000484		
Date Assigned:	01/12/2015	Date of Injury:	06/10/2014
Decision Date:	03/05/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/02/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 61 year old female, who sustained an industrial injury on June 10, 2014. She has reported pain of the shoulder and right knee. The diagnoses have included right knee contusion/ sprain, right knee injury and right knee osteoarthritis. Treatment to date has included physical therapy, medications, a steroid injection, and a right knee arthroscopy. Currently, the injured worker complains of increased right knee pain. The treating physician noted mild swelling, tenderness, and crepitus of the knee with good motion. The treating physician is requesting Synvisc injections (x3) of the right knee due to the injured worker's osteoarthritis and continued symptoms. On December 16, 2014 Utilization Review non-certified the Synvisc injections noting the lack of documentation to support the medical necessity of the service. The MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injections x 3 to the right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA approved package insert, Synvisc

Decision rationale: The patient had a right knee injury on 06/10/2014 and had right knee arthroscopic chondroplasty on 09/15/2014. She had right knee osteoarthritis. She has been treated with physical therapy, surgery and an injection of steroid to the right knee. On 12/18/2014, she had right knee swelling, crepitus and on x-ray there was patellofemoral spurring. This was three months after the chondroplasty. She has osteoarthritis of the right knee and Synvisc is FDA approved treatment for osteoarthritis of the knee. She has a FDA approved indication for Synvisc and it is medically necessary for this patient. The requested treatment is a standard of care.