

Case Number:	CM15-0004377		
Date Assigned:	01/15/2015	Date of Injury:	01/18/2005
Decision Date:	03/17/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/08/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker (IW) is a 71 year old female, who sustained an industrial injury on January 18, 2005. She has reported low back pain and left knee pain and was diagnosed with spinal stenosis of the lumbar(L)1-3 levels, lumbago, paresthesia of the left lower extremity and internal derangement of the left knee. Treatment to date has included radiographic imaging, laboratory studies, diagnostic studies, surgical intervention of the lumbar spine, physical therapy and pain medications. Currently, the Injured Worker complains of low back pain and left lower extremity pain with associated left lower extremity radiculopathy. The Injured Worker reported an industrial related injury on January 18, 2005. She reported a lumbar surgery on August 8, 2006. On November 11, 2014, evaluation revealed continued pain in the low back and left lower extremity. It was noted, she used a cane for ambulation. She noted physical therapy was only helpful for a short time and provided minimal improvements. A synvisc injection of the left knee was recommended. On December 15, 2014, Utilization Review non-certified a synvisc injection of the left knee, noting the MTUS, ACOEM Guidelines and ODG were cited. On January 8, 2015, the injured worker submitted an application for IMR for review of requested synvisc injection of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection, Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg (updated 10/27/14), Hyaluronic acid injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Chapter Hyaluronic Acid Injections section

Decision rationale: The MTUS Guidelines do not address the use of Synvisc or other hyaluronic acid injections. The ODG recommends the use of hyaluronic acid injection as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments for at least three months to potentially delay total knee replacement. The use of hyaluronic acid injections is not recommended for other knee conditions, and the evidence that hyaluronic acid injections is beneficial for osteoarthritis is inconsistent. The injured worker is diagnosed with internal knee derangement, and has radiculopathy that radiates to the left knee. The injured worker is not reported to have left knee osteoarthritis. There is no indication from the medical documentation provided that the criteria in the ODG have been established to warrant this treatment. The request for Synvisc Injection, Left Knee is determined to not be medically necessary.