

Case Number:	CM15-0007436		
Date Assigned:	01/22/2015	Date of Injury:	11/19/2001
Decision Date:	03/20/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/13/2015

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, Washington

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

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 59-year-old female who reported an injury on 11/19/2001. The mechanism of injury was not provided. Her diagnoses were noted to include pain in joint. Past treatments were noted to include medications, surgery, and Synvisc injection to the left knee in 03/2014. On 03/14/2013, imaging studies indicated mild degenerative joint disease to the bilateral knees. On 04/08/2014, it was noted the injured worker had complaints of pain to her hip that she rated 4/10. She indicated that the previous injections to her knee were effective. Upon physical examination, it was noted the injured worker had mild medial joint tenderness and mild patellofemoral crepitus with no apprehension. Medications were noted to include Aleve, Ambien, and Motrin. The treatment plan was noted to include Voltaren gel. A request was received for left knee Synvisc 1 injection without a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee synvisc 1 injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Hyaluronic acid injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Hyaluronic acid injections.

Decision rationale: According to the California MTUS/ACOEM Guidelines, invasive techniques are not routinely indicated. More specifically, the Official Disability Guidelines indicate that hyaluronic acid injections are recommended for those with significant symptomatic osteoarthritis that have not responded adequately to previous conservative treatments. The guidelines also indicate that repeat injections are based on documented significant improvement in symptoms for 6 months or more. The guidelines further indicate that these injections are not recommended for any other indications such as patellofemoral arthritis or patellofemoral syndrome. The clinical documentation submitted for review indicated the injured worker had a previous Synvisc injection that was "effective;" however, there is no documentation indicating quantitative objective findings regarding pain management functional improvement from this injection. It is also indicated the injured worker had patellofemoral crepitus. Consequently, the request is not supported by the evidence based guidelines. Additionally, there was no recent documentation regarding this request. As such, the request for left knee Synvisc 1 injection is not medically necessary.