

Case Number:	CM15-0103057		
Date Assigned:	06/05/2015	Date of Injury:	05/20/1998
Decision Date:	07/09/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/28/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 61 year old male who reported an industrial injury on 5/20/1998. His diagnoses, and/or impressions, are noted to include: bilateral knee degeneration and rheumatoid arthritis. A current report of bilateral knee x-rays on 3/12/2015, noted severe bilateral compartment arthritis and loss of joint space; no magnetic imaging studies are noted. His treatments have included diagnostic studies; medication management; and return to full duty work. The progress notes of 3/12/2015 reported bilateral knee pain with the request for Synvisc injections to both knees due to stated rheumatoid arthritis. Objective findings were noted to include severe swelling to both knees and upper extremity joints; and foggy x-rays. The physician's requests for treatments were noted to include bilateral knee Synvisc injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Knee Synvisc Injections 6 ML x 2: 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 and Leg (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - knee, synvisc.

Decision rationale: The medical records report pain in the knee with documented findings of inflammatory osteoarthritis (rheumatoid) 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.