

Case Number:	CM15-0107744		
Date Assigned:	06/12/2015	Date of Injury:	08/09/2001
Decision Date:	07/13/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/04/2015

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:

This 54 year old man sustained an industrial injury on 8/9/2001. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 4/11/2014 and electromyogram/nerve conduction study of the bilateral lower extremities dated 10/15/2014. Diagnoses include diarrhea, Barrett's esophagus, gastroparesis, and lumbosacral sic degeneration. He has unicompartmental knee degenerative arthritis. Treatment has included oral medications. Physician notes dated 5/6/2015 show complaints of worsening low back pain rated 9/10 with radiation to the upper back and bilateral feet. Recommendations include gastroenterology consultation and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc or synvisc one injection right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee - Hyaluronic Injections.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and do not recommend these injections unless there is severe osteoarthritis as evidenced by bony enlargement or joint space narrowing etc. This individual does not meet the Guideline criteria as advanced osteoarthritis is not demonstrated to be present in the right knee. There are no unusual circumstances to justify an exception to Guidelines. Under these circumstances the Synvisc or synvisc one injection right knee is not supported by Guidelines and is not medically necessary.