

Case Number:	CM15-0141379		
Date Assigned:	07/31/2015	Date of Injury:	11/30/2013
Decision Date:	08/27/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/21/2015

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: Massachusetts

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 42 year old male, who sustained an industrial injury on 11-30-2013. Diagnoses have included bilateral knee osteoarthritis. Treatment to date has included bilateral knee surgery and Synvisc injections to the left knee. According to the progress report dated 5-15-2015, the injured worker complained of increased pain in the right knee and decreased pain in the left knee. Objective findings documented that the injured worker was status post bilateral knee surgery. Authorization was requested for Synvisc injections for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injections x3 for the right knee: 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), Hyaluronic acid injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic): Hyaluronic acid injections.

Decision rationale: The claimant sustained a work injury in November 2013 and underwent right knee surgery in November 2014 for the treatment of patellofemoral chondromalacia. He is being treated for bilateral knee pain. Treatments have included left knee viscosupplementation injections. When seen, he was having increasing right knee pain. His left knee pain had decreased. Authorization for a series of right knee viscosupplementation injections was requested. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. Criteria include an inadequate response to conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or intolerance of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications) after at least 3 months, documented symptomatic severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and a failure to adequately respond to aspiration and injection of intra-articular steroids. In this case, the claimant does not have a diagnosis of severe knee osteoarthritis confirmed by x-ray. There is no evidence that the claimant has tried and failed an appropriate trial of any non-steroidal anti-inflammatory medication or trial of acetaminophen or injection therapy with corticosteroids. The requested series of injections was not medically necessary.