

Case Number:	CM15-0149328		
Date Assigned:	08/12/2015	Date of Injury:	06/29/2006
Decision Date:	09/15/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/31/2015

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: Texas, New York, 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 applicant is a represented 47-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 29, 2006. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve a request for knee viscosupplementation injection therapy. The claims administrator referenced a June 1, 2015 progress note in its determination. The claims administrator contended that the applicant did not have issues with knee arthritis for which viscosupplementation injection therapy was indicated. Somewhat incongruously, the claims administrator then stated in another section of the note that the applicant had degeneration in various knee compartments and grade 3 to grade 4 chondromalacia present. On June 19, 2015, the applicant reported ongoing complaints of knee pain, 6/10. The applicant was described as having issues with knee arthritis and knee chondromalacia evident on knee MRI and knee MRA imaging of December 2012. The applicant had also undergone a failed knee arthroscopy on May 2015, it was reported. The attending provider stated that the applicant had severe signs of degenerative changes noted on operative findings of May 14, 2015. The applicant was asked to try and lose weight and perform viscosupplementation (Synvisc) injection therapy in an effort to defer the need for a total knee arthroplasty. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc; series of 5 injections, right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 687, Viscosupplementation Injections.

Decision rationale: Yes, the proposed viscosupplementation (Synvisc) injection was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Knee Chapter notes that viscosupplementation injections are recommended in the treatment of moderate-to-severe knee osteoarthritis, as was present here, the treating provider reported on June 1, 2015. The applicant had advanced, multifocal degenerative and/or chondromalacic changes evident on a failed knee arthroscopy performed on May 14, 2015, the treating provider reported on June 19, 2015. The applicant remained off of work and was having difficulty ambulating, it was noted on that date. Moving forward with the proposed Synvisc (viscosupplementation) injections in question was, thus, indicated. Therefore, the request was medically necessary.