

Case Number:	CM15-0168339		
Date Assigned:	09/09/2015	Date of Injury:	02/13/2015
Decision Date:	10/08/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/26/2015

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, California

Certification(s)/Specialty: Family Practice

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 is a 35 year old male patient who sustained an industrial injury on 2-13-2015 after falling while lifting boxes and clipped his leg. The diagnoses include left knee sprain-strain. Per the doctor's note dated 8/10/15, he had complaints of left knee pain with stiffness. Per the doctor's note dated 7/16/15, he had complaints of knee pain. The physical examination revealed left knee full range of motion. Per the Physician notes from an initial orthopedic consultation dated 6-18-2015, he had complaints of intermittent and worsening left knee pain rated 7 out of 10 with radiation into the leg with clicking, popping, and weakness. The physical examination revealed a mild effusion to the left knee, left knee extension 180 and flexion 135 degrees. The medications list includes Norco and topical compound cream. He has had left knee x-rays dated 6-18-2015 which revealed no evidence of fracture or degenerative disease and left knee MRI dated 5-26-2015 which revealed no internal derangement. Treatment has included oral medications. Recommendations include Synvisc injection to the left knee, Norco, and follow up after Synvisc is approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc one injection for left 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), Knee and Leg Chapter, Hyaluronic Acid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 07/10/15) Hyaluronic acid injections.

Decision rationale: ACOEM and CA MTUS do not address this request. Per the ODG Guidelines "Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease. Failure to adequately respond to aspiration and injection of intra-articular steroids." Evidence of significantly symptomatic osteoarthritis in the left knee is not specified in the records provided. Any diagnostic imaging of the left knee showing osteoarthritis is not specified in the records provided. Response to previous conservative/non operative therapy for the bilateral knees is not specified in the records provided. Any intolerance or lack of response to standard oral pharmacologic treatment (NSAIDS) is not specified in the records provided. The medical necessity of Synvisc one injection for left knee is not established in this patient at this time. Therefore, the request is not medically necessary.