

Case Number:	CM15-0182279		
Date Assigned:	09/23/2015	Date of Injury:	10/10/2006
Decision Date:	10/28/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/16/2015

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: Arizona, 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:

The injured worker is a 43 year old with a date of injury on 10-10-2006. The injured worker is undergoing treatment for knee and ankle pain. Physician notes dated 06-18-2015 to 07-16-2015 documents the injured worker has continued knee pain bilaterally and ankle pain and rates it as 5-6 on a scale of 1 to 10 with medications and it is 8-9 without medications. She has muscle spasms in her right knee. Her right knee pain is over the medial and anterior aspect of the knee. She described the pain as a popping sensation. The pain in her left knee is over the lateral aspect of the knee actually extends proximally to the upper lateral left thigh. She has poor quality of sleep. Her activity level is increased. She notes muscle spasms in the right knee have decreased, and swelling is the same. she complains of dry mouth and headaches after taking Zanaflex and would like to stop it. She is anxious and appears to be in moderate pain. She walks with an antalgic gait and doesn't use a cane. Both knees reveal surgical scars, and crepitus is noted with active movement. Effusion is present in both knee joints. She reports radiating pain into her feet and down the back of her legs. Medications include Voltaren Gel, Diazepam, Flexeril, Ibuprofen, Naproxen, Cymbalta, Lyrica, Zanaflex, and Hydrocodone-Acetaminophen. Treatment to date has included diagnostic studies, medications, ice, heat, physical therapy, use of a Transcutaneous Electrical Nerve Stimulation unit, Synvisc injections in the past, cortisone injections, status post right knee surgery x 2 and left knee surgery x 1, and use of braces. The treatment plan includes stopping Zanaflex, and continuing Norco. The Request for Authorization on 08-25-2015 is for Synvisc injection to bilateral knees. On 09-03-2015 the Utilization Review non-certified the request for Synvisc injection to bilateral knees

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection to bilateral knees: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, 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) knee chapter and pg 35.

Decision rationale: In this case, the claimant has clinical findings of arthritis. There is no clinical indication of another inflammatory process. The claimant responded to injections in the past. The request for additional Synvisc injections is appropriate and medically necessary.