

Case Number:	CM15-0187795		
Date Assigned:	09/29/2015	Date of Injury:	11/01/2010
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/24/2015

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: North Carolina
 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 54 year old female with a date of injury on 11-1-10. A review of the medical records indicates that the injured worker is undergoing treatment for her right knee, right ankle and bilateral wrists. Progress report dated 8-12-15 reports continued complaints of right knee and right ankle pain. She has crepitation and popping in the right knee. MRI of right knee (4-25-13) revealed lateral meniscus tear. Treatments include: medication, physical therapy, right ankle brace, injections, arthroscopic surgery. Request for authorization dated 8-12-15 was made for Synvisc injection for the right knee. Utilization review dated 8-28-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection 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), Knee & Leg, Synvisc (hylan).

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that hyaluronic acid injections are indicated in the treatment of moderate to severe osteoarthritis that has failed conservative therapy. This patient does not have documented moderate to severe osteoarthritis of the knee and therefore the request is not medically necessary.