

Case Number:	CM15-0199505		
Date Assigned:	10/14/2015	Date of Injury:	07/22/2011
Decision Date:	11/24/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/09/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 64 year old male, who sustained an industrial injury on 07-22-2011. A review of the medical records indicates that the worker is undergoing treatment for lumbar spine sprain and strain, degenerative disc disease, bilateral lower extremity radiculitis, left and right knee medial meniscus tears, severe osteoarthritis of the left knee and osteoarthritis of the right knee. Subjective complaints (06-17-2015, 07-22-2015, 08-26-2015) include lumbar spine and bilateral knee pain that was rated as 3-5 out of 10. The most recent note on 08-26-2015 also noted popping, clicking and giving out of the knees that was rated as 5 out of 10. The 06-17-2015 and 08-26-2015 progress notes documented decreased levels of pain and improved function from the prior visits. Objective findings (06-17-2015, 07-22-2015, 08-26-2015) include difficulty rising from sitting position, an antalgic gait, stiffness with movement, medial joint line tenderness of the bilateral knees and decreased range of motion of the knees. Treatment has included pain medication, physical therapy, chiropractic therapy and acupuncture sessions. Physical therapy and acupuncture were noted to have provided mild relief of pain. The physician noted during the 08-26-2015 office visit that x-rays and MRI's had shown osteoarthritis. A utilization review dated 10-02-2015, non-certified a request for Synvisc injection times 1 for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection for right knee, quantity: 1: 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 (updated 07/10/15) - Online Version, 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 and leg chapter, Hyaluronic acid injection.

Decision rationale: CA MTUS/ACOEM is silent regarding the request for viscosupplementation for the knee. According to the ODG Knee and leg chapter, Hyaluronic acid injection, it is indicated for patients with documented severe osteoarthritis of the knee and patients who have failed 3 months of conservative nonpharmacologic (e.g. exercise) and pharmacologic treatments or are intolerant of these therapies. As there is no documentation of failed conservative therapy and radiographic documentation of severe osteoarthritis in the exam note from 8/26/15, the determination is not medically necessary.

Synvisc injection for left knee, quantity: 1: 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 (updated 07/10/15) - Online Version, 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 and leg chapter, Hyaluronic acid injection.

Decision rationale: CA MTUS/ACOEM is silent regarding the request for viscosupplementation for the knee. According to the ODG Knee and leg chapter, Hyaluronic acid injection, it is indicated for patients with documented severe osteoarthritis of the knee and patients who have failed 3 months of conservative nonpharmacologic (e.g. exercise) and pharmacologic treatments or are intolerant of these therapies. As there is no documentation of failed conservative therapy and radiographic documentation of severe osteoarthritis in the exam note from 8/26/15, the determination is not medically necessary.