

Case Number:	CM15-0207255		
Date Assigned:	10/26/2015	Date of Injury:	04/06/2012
Decision Date:	12/14/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/21/2015

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, 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:

The injured worker is a 61 year old male, who sustained an industrial injury on April 6, 2012, incurring back, left shoulder and left knee and leg injuries. He was diagnosed with a rotator cuff tear, lumbar degenerative disc disease, and osteoarthritis of the left knee. He had a history of a prior injury to the left knee undergoing left knee arthroscopic surgery. Treatment included pain medications, muscle relaxants, aqua therapy, physical therapy, chiropractic sessions, activity restriction and a Functional Restoration Program. He underwent left shoulder surgery in November, 2014. Currently, the injured worker complained of increased pain in the left knee with decreased mobility. Examination revealed slow ambulation, swelling and decreased extension. He was diagnosed with severe osteoarthritis of the left knee. He rated his pain 8-9 out of 10 on a pain scale from 0 to 10. The pain interfered with his activities of daily living, included exercising, walking, household chores, sitting and standing. He complained of persistent bilateral shoulder pain, low back pain and left lower extremity pain. He noted pain in the left knee with weight bearing activities. His left knee gave way causing near falls. The treatment plan that was requested for authorization included one Synvisc injection for the left knee. On October 15, 2015, a request for one Synvisc injection for the left knee was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc - one injection for the 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-Treatment in Workers' Compensation, Criteria for 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 (Viscosupplementation).

Decision rationale: Ca MTUS is silent regarding this request. ODG states that Synvisc injections are a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatment (exercise, medications), to potentially delay total knee replacement. In recent quality studies the magnitude of improvement appears modest at best. Criteria for Synvisc injections is symptomatic osteoarthritis not responding to conservative care. There is no evidence in this case that the patient has at least moderately severe osteoarthritis. Detailed and recent non-surgical treatments have not been documented to have been tried and failed. This request cannot be supported due to lack of medical necessity being established. The request is not medically necessary.