

Case Number:	CM15-0020079		
Date Assigned:	02/09/2015	Date of Injury:	09/08/2014
Decision Date:	03/31/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/03/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old female who reported an injury on 09/08/2014. The mechanism of injury involved a fall. The current diagnoses include localized primary osteoarthritis of the lower leg and tenosynovitis of the hand and wrist. The injured worker presented on 01/06/2015 for a followup evaluation regarding the left upper extremity and bilateral knees. The injured worker has been treated with extensive physical therapy. Upon examination of the bilateral knees, there was positive effusion, tenderness at the medial joint line, patellofemoral crepitus, 0 to 110 degree range of motion on the right, 0 to 115 degree range of motion on the left, and necessary instability. X-rays brought to the appointment by the injured worker revealed bilateral medial compartment degenerative joint disease with patellar spurring. Recommendations at that time included prescriptions for diazepam 5 mg, ibuprofen 400 mg, and a recommendation for Synvisc/gel 1 injection to the right knee. A Request for Authorization form was then submitted on 01/08/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

One synvisc/gel injection to 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 and Leg (Acute & Chronic), 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 & Leg Chapter, Hyaluronic acid injections

Decision rationale: The Official Disability Guidelines recommend hyaluronic acid injections for injured workers who experience significantly symptomatic osteoarthritis and have not responded adequately to recommended conservative treatment. In this case, there was no objective evidence of severe osteoarthritis of the knee. There was no mention of an exhaustion of conservative treatment, to include aspiration and injection of intra-articular steroids. Given the above, the request is not medically appropriate at this time.