MAXIMUS Federal Services

Case Number:	CM15-0021229		
Date Assigned:	02/10/2015	Date of Injury:	07/31/2013
Decision Date:	04/01/2015	UR Denial Date:	01/14/2015
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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 40 year old male injured worker suffered and industrial injury on 7/31/2013. The diagnoses were internal derangement of the knee, advanced osteoarthritis of the right knee, and closed fracture of the tibia. The treatments were right knee arthroscopy and 1 injections of viscosupplementation to the right knee, and steroid injections. The treating provider reported periodic pain in the knees. The Utilization Review Determination on 1/14/2015non-certified Synvisc One injection into right knee, 6 ml, ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc One injection into right knee, 6 ml: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: Treatment of osteoarthritis resistant to initial pharmacologic therapy.

Decision rationale: Intraarticular hyaluronate injections are used in individuals with osteoarthritis of the knee who have not responded adequately to or tolerated acetaminophen or NSAIDs or received significant relief from intraarticular glucocorticoids, and in those who no longer respond to these medications. There is concern with the quality of clinical trials and modest level of benefit seen with these injections. Also, the safety and efficacy of repeat injections and what interval to repeat them is not clear. In this injured worker, it is not supported that other medications or steroid injections have failed. The medical necessity of a repeat Synvisc injection to right knee is not substantiated in the records.