

Case Number:	CM15-0023925		
Date Assigned:	02/13/2015	Date of Injury:	02/05/2004
Decision Date:	04/07/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/09/2015

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: Texas, California
 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 66 year old male, who sustained an industrial injury on 2/5/04. The treating provider has reported the injured worker complained of lumbar spine and bilateral knee pain on 1/15/15. The diagnoses have included cervical thoracic strain/arthrosis with neural foraminal stenosis, left knee degenerative arthrosis, bilateral foot and ankle sprain/strains. Treatment to date has included right shoulder arthroscopic labral debridement, SAD and rotator cuff repair, status post bilateral carpal tunnel release, status post right knee arthroscopic partial medial menisectomies/chondroplasties. Diagnostics include MRI right and left shoulders, lumbar spine, and right knee (no dates), EMG/NCS bilateral upper and lower extremities (no date). The medication list include Zolpidem and Ibuprofen. Physical examination revealed crepitus in knee and negative Mc murray's sign, no effusion, full ROM and normal neurovascular examination. The patient's surgical history include bilateral CTR. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc One injection to 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, (ODG) Knee & Leg.

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 (updated 02/27/15)Hyaluronic acid injections.

Decision rationale: Request: Synvisc One injection to the left knee California Medical Treatment Utilization Schedule (CA MTUS) Chronic Pain guidelines and American College of Occupational and Environmental Medicine(ACOEM), Occupational Medicine Practice Guidelines, 2nd Edition, does not address this request. Therefore, ODG guidelines are used. Per the ODG Guidelines, Hyaluronic acid or Hylan injection (Synvisc injection) are recommended in patients who, Experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications); Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement; Younger patients wanting to delay total knee replacement. Physical examination revealed negative Mc murray's sign, no effusion, full ROM and normal neurovascular examination. Any significant functional deficits of the left knee that would require Synvisc One injection was not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records provided did not specify response to standard non-pharmacologic and pharmacologic treatments. Any evidence of intolerance to standard non pharmacologic and pharmacologic treatments (e.g., gastrointestinal problems related to anti-inflammatory medications) was not specified in the records provided. The medical necessity of the request for Synvisc One injection to the left knee is not fully established in this patient.