

Case Number:	CM15-0023962		
Date Assigned:	02/13/2015	Date of Injury:	12/15/1999
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
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: California
 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 76 year old female, who sustained an industrial injury reported on 12/16/1999. She reported controlled back pain, bilateral knee pain, left > right. Diagnoses were noted to include long-standing arthritis with marked narrowing of articular cartilage and medial compartment of the left knee; and left knee pain with probable torn left knee meniscus versus arthritic changes in the left knee, with magnetic resonance imaging (10/30/14). Appeal letter from 12/2/14 demonstrates patient has marked narrowing of the medial compartment of the knee and has not responded well to anti-inflammatory medication or quad exercises. No improvement with cortisone injections. MRI left knee 10/30/14 demonstrates low grade degenerative arthritis of the medial compartment of the knee. Treatments to date have included consultations; diagnostic imaging studies; anti-inflammatory and cortisone injection therapies; epidural steroid injection therapy (6/2014), exercise program; and medication management. The work status classification for this injured worker (IW) was noted to be retired and off work permanently. On 1/27/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 11/6/2014, and for the appeal of adverse determination, made on 12/2/2014, for Synvisc-One injection to the left knee. The complete UR with cited guidelines was not made available for my review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISC- One Injection, Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Viscosupplementation.

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 radiographic documentation of severe osteoarthritis from the MRI of the left knee from 10/30/14. Therefore, the determination is for non-certification.