

Case Number:	CM15-0212454		
Date Assigned:	11/02/2015	Date of Injury:	06/04/2012
Decision Date:	12/15/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/28/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 48 year old male, who sustained an industrial injury on 6-4-2012. Diagnoses include internal derangement of the knee and end stage osteoarthritis in 2 compartments, status post bilateral arthroscopic surgery to knees in 2013. Treatments to date include medication therapy and physical therapy. On 7-21-15, he complained of progressive pain in bilateral knees. The physical examination documented range of motion 10-80 degrees, tenderness and crepitus with an antalgic gait with a cane noted. The plan of care included Synvisc injection to bilateral knees. On 9-28-15, he complained of ongoing pain in the right knee. The record indicated Synvisc injections were recommended per the orthopedic specialist. The physical examination documented a positive McMurray's sign. The plan of care included a request for Synvisc injections. The appeal requested authorization for Synvisc injections x 3. The Utilization Review dated 10-7-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injections X 3 bilateral knees: Overturned

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 chapter : 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 Pain: Viscosupplementation.

Decision rationale: Synvisc injections X 3 bilateral knees Per ODG guidelines, "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best." The patient has osteoarthritis and has failed to respond with conservative therapy including Physical Therapy and NSAIDs. In addition, steroids have failed to help reduce his pain. Therefore, the request for the injection is medically necessary at this time. The request is certified.