

Case Number:	CM15-0218076		
Date Assigned:	11/10/2015	Date of Injury:	04/23/2015
Decision Date:	12/21/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/05/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 58 year old male, who sustained an industrial injury on 04-23-2015. The injured worker was able to work light duty only as of 07-27-2015. Medical records indicated that the injured worker is undergoing treatment for left knee advanced degenerative joint disease and right knee mild degenerative joint disease. Treatment and diagnostics to date has included physical therapy, chiropractic treatment, home exercise program, and medications. Recent medications have included Voltaren, Avalin patches, and Prilosec. Subjective data (07-27-2015 and 09-25-2015), included bilateral knee pain rated 8 out of 10 on the pain scale on 09-25-2015. Objective findings (09-25-2015) included tenderness to bilateral knee joint lines with decreased and painful range of motion. The request for authorization dated 09-25-2015 requested right knee Synvisc injections. The Utilization Review with a decision date of 10-12-2015 non-certified the request for Synvisc injection, right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, nee & Leg, Hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care.

Decision rationale: This 58 year old male has complained of knee pain since date of injury 4/23/2015. He has been treated with physical therapy and chiropractic therapy. The current request is for Synvisc injection right knee. Per the MTUS guideline cited above, Synvisc injections for knee pain are not a recommended pharmaceutical or procedural intervention. On the basis of the MTUS guideline cited above, viscosupplementation to the right knee (Synvisc) is not indicated as medically necessary in this patient.