

Case Number:	CM15-0223966		
Date Assigned:	11/20/2015	Date of Injury:	05/15/2006
Decision Date:	12/30/2015	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	11/13/2015

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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 59 year old male with an industrial injury dated 05-15-2006. A review of the medical records indicates that the injured worker is undergoing treatment for status post right knee arthroscopy with partial medial meniscectomy, synovectomy, chondroplasty of the medial femoral condyle, medial and lateral tibial plateau, patella and trochlear groove on 08-20-2015. In a progress note dated 08-25-2015, the injured worker reported right knee pain and swelling. Pain level was not documented in report (08-25-2015). Objective findings (08-25-2015) revealed swelling in the right knee. Some documents within the submitted medical records are difficult to decipher. According to the progress note dated 09-22-2015, the injured worker presented one month status post scope. Pain level was not documented in report (09-22-2015). Objective findings (09-22-2015) revealed tenderness to palpitation of medial and lateral joint line and 85 degrees of flexion. In a more recent progress report dated 10-20-2015, the injured worker reported knee pain. Objective findings revealed positive crepitus. Treatment has included Magnetic Resonance Imaging (MRI) of the right knee on 04-29-2015, right knee scope on 08-20-2015, prescribed medications, 7 physical therapy visits (08-31-2015 to 09-14-2015) and periodic follow up visits. The injured worker is on temporary total disability. The utilization review dated 11-10-2015, non-certified the request for 3 Synvisc Injections to right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Synvisc Injections to Right 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 and 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, hyaluronic acid injections.

Decision rationale: The MTUS does not include recommendations regarding use of hyaluronic acid injections, and therefore the ODG guidelines provide the preferred mechanism for assessment of medical necessity in this case. The ODG criteria for hyaluronic acid injections include significant symptomatic osteoarthritis without adequate response to recommended conservative treatment (exercise, etc.) and pharmacologic treatments or intolerance to these therapies after at least three months. The criteria also include pain interfering with functional activity and failure to respond to steroid injections. In this case, within the limitations of the provided medical records, there is insufficient evidence to support the medical necessity of the treatment request for hyaluronic acid injections. Therefore, the requested treatment is not medically necessary.