

Case Number:	CM15-0032695		
Date Assigned:	02/26/2015	Date of Injury:	05/11/2013
Decision Date:	04/15/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/20/2015

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, District of Columbia, Maryland
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 56 year old male, who sustained an industrial injury on 5/11/2013. The diagnoses have included osteoarthritis left knee and degenerative disc disease of the lumbar spine. Treatment to date has included physical therapy. According to the Primary Treating Physician's Progress Report dated 12/19/2014, the injured worker complained of pain and weakness in the right shoulder. He reported that physical therapy was helping. He complained of left knee aching and getting stiff. The injured worker complained of numbness radiating from the lumbar spine to the lateral left thigh. Physical exam revealed crepitus left knee with mild effusion. Treatment plan was for physical therapy for the right shoulder and lumbar spine and Synvisc left knee. On 1/21/2015, Utilization Review (UR) non-certified a request for Synvisc injection for the left knee. The Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Synvisc Injection fir 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), 11th edition (web), 2014, Knee & Leg, Hyaluronic Acid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee, Hyaluronic Acid Injections.

Decision rationale: The official disability guidelines indicate that the criteria for Synvisc injection of the left knee includes the presence of severe osteoarthritis and failure to improve with other conservative measures. While the attached medical record does indicate the presence of left knee pain and crepitus with mild to moderate activity there is no documentation of any objective study indicating severe osteoarthritis of the knee nor is there any documentation of failure to improve with other conservative treatments. As such, this request for a Synvisc injection of the left knee is not medically necessary.