

Case Number:	CM15-0034759		
Date Assigned:	03/03/2015	Date of Injury:	03/04/2011
Decision Date:	04/15/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/24/2015

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 69 year old female, who sustained an industrial injury on 03/04/2011. She has reported subsequent knee, hip, low back and lower extremity pain and was diagnosed with lumbar degenerative disc disease, lumbar radiculopathy and knee, hip, low back and sacroiliac pain. Treatment to date has included oral pain medication, lumbar epidural steroid injections, H-wave unit and bracing. In a progress note dated 12/24/2014, the injured worker complained of back and knee pain that was rated as 6/10 with medication and 10/10 without medication. Objective physical examination findings were notable for an antalgic gait, reduced range of motion of the lumbar spine and knees, pain to palpation of the paravertebral muscles and tenderness of the lumbar spine and knees. Requests for authorization of 6 knee injections of Hyaluronic acid and Synvisc injection x 3 injections was made. On 01/28/2015, Utilization Review non-certified requests for 6 knee injections of Hyaluronic acid and Synvisc injection x 3 injections, noting that there was no clear rationale to indicate that the injured worker had an exacerbation of her condition or if the increased symptomatic state was a new injury. MTUS and ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Knee injection Hyaluronic Acid (side both); Synvisc injection x 3 injections per knee:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hyaluronic Acid Injection. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

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 hyaluronic acid injections such as Synvisc includes objective evidence of severe osteoarthritis of the knee. The most recent study of the knee is an x-ray dated October 23, 2014 which revealed mild osteoarthritis. Considering the lack of significant osteoarthritic changes in the injured employee's knee, this request for Synvisc injections is not medically necessary.