

Case Number:	CM15-0044235		
Date Assigned:	03/16/2015	Date of Injury:	12/09/2009
Decision Date:	04/16/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 63-year-old female, who sustained an industrial injury on December 9, 2009. The injured worker was diagnosed as having pain in joint of shoulder and pain in joint lower leg. Treatment and diagnostic studies to date have included ice, elastic support and medication. A progress note dated January 22, 2015 the injured worker complains of left shoulder and bilateral knee pain. Physical exam notes painful range of motion (ROM) and crepitus of left shoulder with impingement. Bilateral knee pain continues with crepitus greater on the left than right. There is swelling of the left knee thought to be from prior knee aspiration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injections: x3: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Hyaluronic acid injections.

Decision rationale: The claimant has a remote history of a work-related injury occurring in December 2009 and continues to be treated for chronic knee pain. An MRI of the knee in January 2012 showed findings of advanced cartilage loss with subchondral changes consistent with osteoarthritis. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement. In this case, the claimant has findings consistent with advanced degenerative changes of the knee and knee arthroplasty would appear under consideration. Therefore, the requested series of injections is medically necessary.