

Case Number:	CM15-0052236		
Date Assigned:	03/25/2015	Date of Injury:	06/30/2011
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/19/2015

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 60 year old male, who sustained an industrial injury on 06/30/2011 he reported right shoulder and knee pain. On provider visit dated 12/14/20/14 the injured worker has reported right knee and shoulder pain. On examination he was noted to have a small effusion and moderate pain with flexion of right knee. The diagnoses have included right knee degenerative arthrosis. Treatment to date has included MRI, x-ray and medications. The provider requested Synvisc one injection to the right knee for symptom control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc one injection to the 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.

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 and Other Medical Treatment Guidelines Synvisc prescribing information.

Decision rationale: The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic knee pain with a diagnosis of 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, a single injection was requested. However, Synvisc is administered by intra-articular injection once a week (one week apart) for a total of three injections. Therefore, requesting a single injection is not medically necessary.