

Case Number:	CM14-0112071		
Date Assigned:	08/01/2014	Date of Injury:	10/08/2008
Decision Date:	09/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/17/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old male who was reportedly injured on October 8, 2008. The mechanism of injury was noted as lifting type event. The most recent progress note dated May 30, 2014, indicated that there were ongoing complaints of knee pain. The physical examination demonstrated an antalgic gait, decreased swelling, tenderness throughout the knee, and joint line tenderness. A slight reduction in the range of motion was reported. Diagnostic imaging studies were not presented. Previous treatment included medications, acupuncture and a reference to a possible knee arthroscopy. A request was made for a Synvisc one injection, right knee and was not certified in the pre-authorization process on June 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc one injection, 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, Knee & Leg (updated 06/05/14)Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Knee Disorders-Knee Pain and Osteoarthritis: Clinical Measures, Injection Therapy (Electronically Cited).

Decision rationale: As outlined in the American College of Occupational and Environmental Medicine guidelines, the pain that is from osteoarthritis and that is "unsatisfactorily" controlled from non-steroidal medications, would require a set of medicine, weight-loss or exercise strategies prior to such intervention of a procedure. There is no clinical data presented to suggest that any of these parameters have been completed. As such, the criterion for such a procedure note address the ordinary disease of life degenerative osteoarthritis and not the sequelae of the compensable event that have not been met and this is not medically necessary.