

Case Number:	CM14-0123987		
Date Assigned:	08/11/2014	Date of Injury:	04/07/2000
Decision Date:	10/22/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/05/2014

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 records presented for review indicate that this 57 year-old male was reportedly injured on April 7, 2000. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated July 2014, indicates that there were ongoing complaints of contralateral, uninvolved knee pain. The physical examination demonstrated changes consistent with ordinary disease of life severe degenerative joint disease, morbid obesity, crepitus and a 2+ effusion. Diagnostic imaging studies objectified no acute osseous abnormalities. Previous treatment includes multiple knee surgeries, physical therapy, multiple medications, and injection therapies. A request had been made for viscosupplementation and was not certified in the pre-authorization process on July 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalagan injection, left knee #5: 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), Knee and Leg Chapter, Acute & Chronic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: MTUS/ACOEM practice guidelines support viscosupplementation injections for chronic moderate to severe knee osteoarthritis that has been nonresponsive to conservative treatment. Review of the available medical records, documents plain radiographs and a diagnosis of knee osteoarthritis; however, there is no documentation of physical therapy for the knee or treatment with medications other than opioids. The guidelines do support Synvisc injections, only after appropriate conservative care. Therefore, this request is not considered medically necessary.