

Case Number:	CM14-0137772		
Date Assigned:	09/05/2014	Date of Injury:	08/12/2003
Decision Date:	10/06/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/26/2014

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 Occupational Medicine, and is licensed to practice in California. 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:

Patient is a 57 year-old female with a cumulative trauma injury developed in 2003. The medical document associated with the request for authorization, a primary treating physician's progress report dated 07/06/2014, lists subjective complaints as pain in the low back and left knee. Objective findings: examination of the left knee revealed tenderness to palpation over the medial joint line greater than the lateral joint line and patellofemoral joint. McMurray's tests elicited increased pain. No laxity was noted. Range of motion of the left knee was measures as follows: flexion 112 degrees and extension 0 degrees. Diagnosis: 1. Lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis. Patient has had one Synvisc injection in the right knee prior to knee surgery and claimed it provided significant relief for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of Left Knee Synvisc Injection: 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) Hyaluronic Acid Injections, Chapter Knee/Leg, Web Edition

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 Official Disability Guidelines contain numerous criteria which are used to evaluate the appropriateness of hyaluronic acid injections to the knee. The medical record does not contain the necessary documentation to recommend hyaluronic acid injections. Specifically, a diagnosis of severe osteoarthritis of the knee and failure of conservative treatments, or to potentially delay total knee replacement. In addition, The American College of Rheumatology, lists knee pain and at least 5 of 9 criteria. There is little documentation in the medical record which would allow the authorization of the injections using the ACR criteria either.