

Case Number:	CM14-0145214		
Date Assigned:	09/12/2014	Date of Injury:	06/01/2011
Decision Date:	10/16/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 53-year-old male who reported an injury on 06/01/2011. The mechanism of injury was not provided. The injured worker's diagnoses include degenerative disc disease, bilateral meniscal tears, and status post left knee scope. The injured worker's past treatments included medications, physical therapy, and surgery. The injured worker's diagnostic testing was not provided. The injured worker's surgical history included a left knee scope, date not provided. On the clinical note dated 07/09/2014, the injured worker complained of right knee pain 3/10 at best and 5/10 at worst. The injured worker had muscle strength to the right knee of 4/5 and left knee 5/5. The injured worker's medications included tramadol and Celebrex, frequency and dosage not provided on the clinical note dated 07/29/2014. The request was for Synvisc injections, knees. The rationale for the request was not indicated. Request for Authorization was submitted on 07/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection, Knees: 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)- Treatment in Workers' Comp. Integrated Treatment/Disability Duration Guidelines . Knee & Leg (acute & chronic)

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

Decision rationale: The injured worker is diagnosed with degenerative joint disease, bilateral meniscal tears, status post left knee scope. The injured worker complains of pain in the right knee 3/10 to 5/10. The Official Disability Guidelines recommend Synvisc injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments after at least 3 months. The guidelines recommend documentation of symptomatic severe osteoarthritis of the knee, which may include the following; bony enlargement; bony tenderness; crepitus on active motion; less than 30 minutes of morning stiffness; no palpable warmth of synovium; over the age of 50. The guidelines recommend documentation of pain interferes with functional activities and is not attributed to other forms of joint disease. Failure to adequately respond to aspiration, injection of intra-articular steroids is generally performed without fluoroscopic or ultrasound guidance. The guidelines recommend patients who are not currently candidates for total knee replacement or have failed previous knee surgeries for their arthritis, unless younger patients wanting to delay total knee replacement. The injured worker is 53 years old, and rates his right knee pain 3/10 to 5/10. There is a lack of documentation of functional objective deficits. There was a lack of documentation indicating failure of conservative treatment. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The request does not indicate the number of injections to be applied to the knees. As such, the request for Synvisc injection, knees, is not medically necessary.