

Case Number:	CM14-0160406		
Date Assigned:	10/06/2014	Date of Injury:	09/12/2007
Decision Date:	11/06/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/30/2014

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 Osteopathic Family Practice, has a subspecialty in Occupational Medicine/ Pain Med and Manipulation 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:

The patient is a 57 year old diabetic male with a reported date on injury on 9/12/2007. The patient has reported multiple injuries to multiple body parts. He underwent lumbar fusion in January 2013. MRI of the right knee in April 2008 revealed degenerative changes. With regards to the knees, the patient reports developing bilateral knee pain from continuous climbing stairs. An orthopedic AME dated 1/15/2014 diagnosed with patient with bilateral knee chondromalacia. At the time of the AME, the patient reported pain in both knees that increase with prolonged weight bearing or attempts at kneeling or squatting. Review of the medical records by the AME notes mild degenerative changes on X-rays dated December 8, 2011. Review of records notes prior request for Synvisc injections for the knees on June 15, 2012. The AME noted possible Synvisc injections to both knees under future medical care provisions. The patient was evaluated on 7/29/14 at which time he complained of cervical, lumbar, bilateral shoulder, bilateral wrist and bilateral knee pain. PMH is positive for DM, HTN, cholesterol and reflux. Medications include Meloxicam, Norco and Gabapentin. Bilateral knee 3 view x-rays performed on this dated revealed min narrowing medial joint spaces with 6 mm cartilage interval. Right knee MRI dated 2/8/12 revealed edematous signal ACL and possible sprain. The patient was diagnosed included bilateral knee pain/internal derangement. On 9/9/14, the patient complained of severe right knee pain greater with walking and using the stairs. The patient also reported popping of the knee. Examination of the knees revealed crepitus on the right and no effusion. Treatment request included right knee series of Synvisc injections x 3 as recommended by the AME. UR was performed on 9/22/14 at which time the request for Synvisc injections were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injections x3-right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Knee

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 request for Synvisc injections is supported. The patient is noted to have joint narrowing on right knee imaging. The medical records note that the patient is currently using oral NSAIDs and opioids and these medications do not appear to be effective in the treatment of the knee. The prior peer review had pointed out lack of documentation of steroid injections. However, given that the patient is diabetic, steroid injections would not be recommended. For these reasons, the request for Synvisc injections is medically necessary in an attempt to address the patient's ongoing right knee pain and limited function.