

Case Number:	CM13-0052726		
Date Assigned:	01/29/2014	Date of Injury:	08/22/2008
Decision Date:	03/03/2015	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	11/04/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, New York
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 63 year old male who sustained a work related injury on August 22, 2008 while working as a grocer. The injury occurred when he walked into a pulled out shelf and injured his left knee. An MRI done six months after the injury revealed bone chips and a torn meniscus. The injured worker then underwent left knee surgery. The left knee pain persisted and he underwent bilateral knee arthroscopies which confirmed bone-on bone arthritis of both knees. Current documentation dated September 9, 2013 notes that the injured worker had bilateral knee osteoarthritis. The treating physician notes that the injured worker had bone-on-bone arthritis of both knees and required periodic Kenalog and viscosupplementation injections. There was no detailed physical examination noted in the medical records. Prior treatment has included physical therapy. Diagnoses include osteoarthritis localized, secondary of the lower leg, osteoarthritis, primary of the lower leg and osteoarthritis unspecified whether generalized of localized of the lower leg. The treating physician requested one Synvisc injection 6 ml into the left knee. Utilization Review evaluated and denied the request on September 30, 2013. The treating physician noted that the injured workers osteoarthritis was well controlled with prior Synvisc injections as well as Kenalog injections, but the exact number of either injection is unspecified. In addition, there is lack of documentation of the interval or frequency of the injections. Based on the Official Disability Guidelines the medical necessity of the request was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISC ONE INJECTION, 6ML, INTO THE LEFT 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 (ODG), Knee and Leg, Hyaluronic acid injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Viscosupplementation, knee/leg

Decision rationale: The request is not medically necessary. ODG guidelines were used as MTUS does not address the use of hyaluronic acid injections for the knee. The use of hyaluronic acid viscosupplementation is indicated for severe arthritis of the knee that has not responded to conservative treatment for at least 3 months. Criteria for injection includes failure to respond to intra-articular steroid injections. The patient has had multiple Synvisc and Kenalog injections. The patient is documented to have improvement after Kenalog injection. There are also no recent progress notes documenting a recent physical exam and the patient's ability to perform functional activities. Therefore, Synvisc is not medically necessary at this time.