

Case Number:	CM14-0199181		
Date Assigned:	12/09/2014	Date of Injury:	09/22/2008
Decision Date:	01/22/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/26/2014

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 Orthopedic Surgery 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:

According to the records made available for review, this is a 54-year-old male with a 9/22/08 date of injury. At the time (10/16/14) of the request for authorization for retrospective Synvisc ultrasound injection, left knee, DOS: 10/16/14, there is documentation of subjective (none specified) and objective (moderate crepitus upon range of motion, slight knee effusion) findings, current diagnoses (unilateral primary osteoarthritis, unspecified knee), and treatment to date (two Synvisc injections). There is no documentation of significant improvement in symptoms for 6 months or more after the previous injection and symptoms recur.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective synvisc ultrasound injection, left knee, DOS: 10/16/14: Upheld

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

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: MTUS does not address this issue. ODG identifies documentation of significant improvement in symptoms for 6 months or more, and symptoms recur, as criteria

necessary to support the medical necessity of repeat series of hyaluronic acid injections. Within the medical information available for review, there is documentation of unilateral primary osteoarthritis, unspecified knee. In addition, there is documentation of two prior Synvisc injections. However, there is no documentation of significant improvement in symptoms for 6 months or more after the previous injection and symptoms recur. Based upon the guidelines and a review of the evidence, the request for retrospective Synvisc ultrasound injection, left knee, DOS: 10/16/14 is not medically necessary.