

Case Number:	CM15-0011304		
Date Assigned:	01/28/2015	Date of Injury:	12/12/2007
Decision Date:	03/18/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/20/2015

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:

The injured worker is a 64 year old female, who sustained an industrial injury on 12/12/07. She has reported bilateral knee pain. The diagnoses have included medial meniscus tear of left knee and right knee osteoarthritis. Treatment to date has included Synvisc injections, left knee arthroscopic debridement with residuals and oral medications. X-rays performed 5/14 revealed moderate osteoarthritic changes involving the lateral compartment of the left knee with significant joint space loss and fairly preserved right knee joint space. Currently, the injured worker complains of worsening of right and left knee pain. On exam knee tenderness and effusion are noted. PR2 dated 2/17/14 noted a previous Synvisc injection provided one year of relief. On 12/19/14 Utilization Review non-certified Synvisc injection for left knee, noting the previous injections of Synvisc are not documented and documentation of objective functional improvement is not noted. The MTUS, ACOEM Guidelines, was cited. On 12/30/14, the injured worker submitted an application for IMR for review of Synvisc injection for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection for 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee-viscosupplementation

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. The patient had initial improvement of symptoms after an initial Synvisc injection but there was no objective documentation of improved functional capacity. Severe OA of the knee must be documented but the patient had moderate OA as per the chart. As per ODG guidelines, a Synvisc injection was not medically necessary at this time.