MAXIMUS Federal Services

Case Number:	CM15-0110076		
Date Assigned:	06/16/2015	Date of Injury:	01/06/2009
Decision Date:	07/15/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old female, who sustained an industrial/work injury on 1/6/09. She reported initial complaints of bilateral knee pain. The injured worker was diagnosed as having bilateral knee osteoarthritis. Treatment to date has included medication and Synvisc injection to left knee. Currently, the injured worker complains of left knee pain with pain rated at 6-7/10. Per the primary physician's progress report (PR-2) on 5/12/15, examination noted tenderness to lateral joint line, with flexion at 12 degrees, and extension at 0 degrees, and patellar grinding, with mild antalgic gait. The requested treatments include Synvisc one injection for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc one injection for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter.

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

Decision rationale: The claimant sustained a work injury in January 2009 and continues to be treated for bilateral knee pain. When seen, x-rays had been done in August 2009 and had been repeated one-two months before the evaluation. There was an antalgic gait with crepitus and positive patellar grind attest. There was decreased and painful range of motion and decreased knee strength. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement. In this case, there are no reports of the imaging studies previously obtained. The physical examination findings do not support a diagnosis of severe osteoarthritis. The requested injection is not medically necessary.