

Case Number:	CM15-0113737		
Date Assigned:	06/22/2015	Date of Injury:	11/10/2004
Decision Date:	07/27/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/12/2015

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: California
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 59 year old male injured worker suffered an industrial injury on 11/10/2004. The diagnoses included left knee osteoarthritis. The diagnostics included left knee x-rays. The injured worker had been treated with medications, steroid injection hyaluronic injections and arthroscopy. On 5/6/2015 the treating provider reported left knee pain with clicking, popping, catching and occasional giving way episodes that was worse with activity. The pain was moderate. On exam the left knee had moderate effusion, tenderness, and crepitus with decreased range of motion. The treatment plan included left knee joint SynviscOne injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left knee joint SynviscOne injection: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Intraarticular and soft tissue injections by W. Neal Roberts, MD in UpToDate.com.

Decision rationale: This patient receives treatment for chronic L knee pain and osteoarthritis. This relates back to a work-related knee injury on 11/10/2004. This review addresses a request for a SynviscOne injection into the L knee. The patient did respond previously to a hyaluronic acid intra-articular knee injection. The most recent visit note includes a description of the L knee physical exam. The findings included a moderate effusion, tenderness, crepitus, and a decreased ROM. Synvisc injections may be medically indicated for symptomatic relief of moderate to severe osteoarthritis of the knees. These physical findings are consistent with an inflammatory knee arthritis with or without an internal derangement of the knee. A Synvisc injection is not medically necessary.