

Case Number:	CM15-0120262		
Date Assigned:	06/30/2015	Date of Injury:	06/01/2006
Decision Date:	07/30/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/22/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, 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 50-year-old male, who sustained an industrial injury on 6/1/06. He reported pain in his left knee. The injured worker was diagnosed as having left knee osteoarthritis. Treatment to date has included a left knee cortisone injection on 2/12/15 with minimal benefit, left knee ACL repair in 2007, Ultram, Norco and a left knee x-ray showing mild osteoarthritis. As of the PR2 dated 5/15/15, the injured worker reported increasing pain, discomfort and intermittent swelling in the left knee. Objective findings include a small effusion, a 2+ Lachman test and full range of motion. The treating physician noted that cortisone injections are becoming less effective in pain control. The treating physician requested a Synvisc injection for the left knee. The medication listed is Norco taken as needed.

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, Sections Knee pain/Osteoarthritis under synvisc/hyaluronic injection.

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

Decision rationale: The CA MTUS-ACOEM and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of musculoskeletal pain when conservative treatments with medications and PT have failed. The guidelines indicated that injection hyaluronic acid derivatives could be beneficial for the treatment of severe knee osteoarthritis to delay or avoid extensive surgery when conservative treatments and steroid injections have failed. The records did not show subjective, objective or radiological diagnosis of severe osteoarthritis of the knee. There is no documentation of failure of treatment with NSAIDs and PT. The criteria for the use of Synvisc injection to the left knee are not medically necessary.