

Case Number:	CM15-0124698		
Date Assigned:	07/09/2015	Date of Injury:	02/27/2014
Decision Date:	08/31/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/29/2015

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: Emergency Medicine

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 with an industrial injury dated 02/27/2014. Her diagnoses included status post-concussion, persistent post-concussion syndrome with memory loss, contusion of knee resolved and chronic posttraumatic headaches. Prior treatment included physical therapy and medications. She presents on 04/02/2015 (most current record available before utilization review) noting problems with her memory related to her recent head trauma. She notes some degree of anxiety and is not sleeping well. Physical exam noted vision intact bilaterally. Sensory exam and motor exam was normal. There is a supplemental report addressing request for more information dated 06/08/2015 (after utilization decision) addressing the right knee. The report states x-rays show no major changes. The provider documents a hyaluronate seems to help the situation substantially and sometimes relieve the pain for 6-12 months at a time. The provider also documented the major problem is pain and a hyaluronate injection in these situations seems to do well. A letter of appeal dated 6/18/15 was reviewed. Only information noted is that a prior X-ray showed some degenerative changes. Rationale for injection is provider's anecdotal experience. The request is for Synvisc One injection (outpatient).

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc One injection (outpatient): 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), knee and leg chapter (acute and chronic), criteria for Hyaluronic acid injections.

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: The MTUS Chronic pain or ACOEM guidelines do not adequately have any specific sections that deal with this topic. Official Disability Guidelines (ODG) recommends it as an option in osteoarthritis in situations where conservative treatment has failed to manage the pain and to delay total knee replacement. The benefits are transient and moderate at best. It is recommended for severe arthritis and to prevent surgery such as total knee replacement. Basic criteria are: 1) Severe osteoarthritis: Fails criteria. Provider reported "mild" osteoarthritis and has basically a normal benign knee exam does not meet criteria as per American College of Rheumatology criteria. 2) Failure to adequately respond to steroid injection fails criteria. 3) Failure of pharmacologic and conservative therapy. Documentation fails to meet these criteria. Provider has failed to provide documentation of medications and prior pharmacologic therapy. Patient fails multiple criteria to recommend Synvisc injection. Synvisc injection is not medically necessary.