

Case Number:	CM15-0125334		
Date Assigned:	07/09/2015	Date of Injury:	11/30/2013
Decision Date:	08/05/2015	UR Denial Date:	06/25/2015
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: North Carolina

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 42 year old male who sustained an industrial injury on 11/30/13. He had complaints of bilateral knee pain. Treatments include medication, physical therapy injections and surgery. Primary treating physician's progress report dated 5/15/15 reports increased pain in the right knee and decreased pain in the left knee. Diagnoses include: status post bilateral knee surgery and osteoarthritis of bilateral knees. Plan of care includes request for synvisc injection, a series of three for right knee. Work status: return to modified work; no lifting over 30 pounds and minimal stooping/squatting and walking. Next follow up appointment on 6/19/15

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injections for the right knee x 3: Overturned

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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) HYALURONIC ACID INJECTIONS.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states hyaluronic acid injection are indicated for the treatment of moderate to severe osteoarthritis of the knee that has failed conservative therapy. The patient has osteoarthritis of the knee and has failed both conservative and surgical therapy. Therefore the request is certified. Therefore, the requested treatment is medically necessary.