

Case Number:	CM15-0128123		
Date Assigned:	07/15/2015	Date of Injury:	04/13/2012
Decision Date:	08/12/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/03/2015

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 48 year old male, who sustained an industrial injury on 4/13/12. He reported pain in his left knee after he slipped and twisted the knee. The injured worker was diagnosed as having left knee pain, tear in the posterior horn of the medial meniscus and low back pain secondary to compensation for the left knee pain. Treatment to date has included physical therapy, chiropractic treatments and acupuncture with no benefit. Current medications include MS Contin, Norco and Zoloft. As of the PR2 dated 6/3/15, the injured worker reports ongoing left knee pain. He rates his pain a 3/10 with medications, a 10/10 without medications and 7/10 currently. The injured worker noted having cortisone injections in the past with only 18 days of relief. Objective findings include left knee range of motion 0-110 degrees and significant stiffness and pain with end range. The treating physician requested a Synvisc 6ml injection for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc-one 6ml 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 (ODG), Knee & Leg, 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. Patient does not meet criteria for severe osteoarthritis. Recent X-rays are normal. Synvisc injection is not medically necessary.