Case Number:	CM15-0129576		
Date Assigned:	07/16/2015	Date of Injury:	04/27/2012
Decision Date:	08/11/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/06/2015

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 59 year old male, who sustained an industrial injury on 04/27/2012. He has reported injury to the right knee and low back. The diagnoses have included bilateral carpal tunnel syndrome; cervical spine sprain/strain; cervical disc bulges; lumbar spine sprain/strain; lumbar spine multiple disc bulges; bilateral shoulders sprain/strain; bilateral feet plantar fasciitis; right knee pain secondary to tears of the medial and lateral menisci with degenerative joint disease; and status post right knee arthroscopy, partial medial and lateral meniscectomies, removal of 4 osteochondral loose bodies, excision of osteophytes, and chondroplasty of the patellofemoral joint, on 02/23/2015. Treatment to date has included medications, diagnostics, bracing, injections, physical therapy, home exercise program, and surgical intervention. Medications have included Tramadol and Mobic. A progress report from the treating physician, dated 04/07/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of intermittent discomfort and pain in the right knee, however is improving slowly; he is 6 weeks status post degenerative right knee arthroscopy and partial meniscectomy; he has begun physical therapy; he is wearing his Genutrain brace; he is unable to fully extend his knee; and he is having issues with a toe that he would like to have evaluated. Objective findings included decreased range of motion of the right knee; he has 4+ patellofemoral crepitus and 2+ tibiofemoral crepitus; varus and valgus forces are stable; he has mild medial and lateral joint line tenderness; no effusion; and he is distally neurovascularly intact. The treatment plan has included the request for Synvisc injection with ultrasound guidance for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection with ultrasound guidance for the right 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, Knee & Leg, 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) hyaluronic acid in jections.

Decision rationale: The ACOEM and the California MTUS do not specifically address the requested service. The ODG recommends hyaluronic acid injections in the treatment of severe to moderate osteoarthritis of the knee that has failed conservative therapy. The patient has patellofemoral arthritis per the clinical records and therefore the request is not medically necessary.