

Case Number:	CM15-0145496		
Date Assigned:	08/06/2015	Date of Injury:	06/06/2008
Decision Date:	10/05/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/27/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for chronic knee and wrist pain reportedly associated with an industrial injury of June 6, 2008. In a Utilization Review report dated July 9, 2015, the claims administrator failed to approve a request for viscosupplementation (Synvisc) injections. The claims administrator referenced a June 25, 2015 progress note in its determination. The claims administrator contented that the applicant failed to profit from earlier viscosupplementation injection therapy. The applicant's attorney subsequently appealed. On January 8, 2015, the applicant reported ongoing complaints of knee pain, 6-7/10. The applicant had superimposed issues with diabetes and hypertension, it was reported. The applicant's medication list included Ambien, Cialis, Prilosec, and Norco. Acupuncture, a TENS unit, and medication refills were endorsed. On a progress note dated January 15, 2015, the applicant was placed off of work, on total temporary disability owing to ongoing complaints of knee pain attributed to knee arthritis. On June 25, 2015, the applicant reported ongoing complaints of knee pain, progressively worsening over time. Repeat viscosupplementation injection therapy was sought on the grounds that the applicant had previously responded favorably to the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc kit - 3 injections for left knee: Overturned

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders pg. 687.

Decision rationale: Yes, the request for a Synvisc (viscosupplementation) injection was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Knee Chapter notes that viscosupplementation injections are recommended in the treatment of moderate to severe knee osteoarthritis, particularly that which had proven unsatisfactorily controlled with the use of Tylenol, NSAIDs, weight loss, exercise strategies, etc. Here, the attending provider did suggest that the applicant had advanced knee arthritis which had proven recalcitrant to time, medications, physical therapy, etc., and also suggested that previously performed viscosupplementation injections had proven successful in temporarily attenuating the applicant's pain complaints and augmenting the applicant's function. Moving forward with the proposed repeat Synvisc (viscosupplementation) injection was, thus, indicated. Therefore, the request is medically necessary.