

Case Number:	CM15-0171882		
Date Assigned:	09/14/2015	Date of Injury:	10/23/2014
Decision Date:	10/13/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/01/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 54 year old male, who sustained an industrial injury on 10-23-14. Medical record indicated the injured worker is undergoing treatment for knee pain, myofascitis and rule out internal derangement. Treatment to date has included oral medications including Naprosyn and Prednisone; ortho injections, aspiration, 12 physical therapy sessions, home exercise program and activity modifications. On 5-1-15, he reported left knee pain rated 2 out of 10. Currently on 8-18-15, the injured worker complains of left knee pain rated 2-4 and 6-10 out of 10. Physical exam performed on 5-1-15 and on 8-18-15 noted tenderness to palpation over left with crepitus, no edema and swelling is decreased. The treatment plan included continuation of Naprosyn and Synvisc injections. On 8-18-15 a request for authorization was submitted for 3 Synvisc injections to the left knee. On 8-20-15, utilization review non-certified request for 3 Synvisc injections to the left knee noting the injured worker has not failed to adequately respond to aspiration and intra-articular steroid injections as recommended by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 synvisc injections to the 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 and Leg (Acute and Chronic): Hyaluronic Acid.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Synvisc Injection Hyaluronic Acid Injections.

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Synvisc Injection of the knee. The ODG guidelines for Hyaluronic Acid injections have been met. The patient has received prior cortisone injections. According to the clinical documentation provided and current guidelines; a Synvisc Injection of the knee is medically necessary to the patient at this time.