

Case Number:	CM15-0176763		
Date Assigned:	10/15/2015	Date of Injury:	03/19/2015
Decision Date:	11/23/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/08/2015

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 54 year old male who sustained an industrial injury on 3-19-15. Of note, several documents within the submitted medical records are difficult to decipher. The injured worker reported right knee pain. A review of the medical records indicates that the injured worker is undergoing treatments for right knee derangement and right ankle sprain. Medical records dated 8-7-15 indicate "pain noted with climbing...prolonged walking right knee remains painful" with a pain rating of 4 out of 10. Provider documentation dated 8-18-15 noted the work status as remain off work until 8-31-15. Treatment has included elevation, Tylenol since at least August of 2015 and Motrin since at least August of 2015. Objective findings dated August of 2015 were notable for knee with tenderness and pain. The original utilization review (8-27-15) denied a request for 3 Synvisc injections 1 time a week for 3 weeks for right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Synvisc injection 1 time a week for 3 weeks for 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.

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. Per the ODG section on leg and knee and hyaluronic acid injections, criteria for injections include patients who experience significantly symptomatic osteoarthritis without adequate response to conservative non-pharmacological and pharmacological treatments, documented symptomatic severe osteoarthritis of the knee, pain interferes with functional activities, failure to respond to aspiration and injection of intra-articular steroids, not candidates for total knee replacements and not indicated for any other indications. The patient does not have the diagnosis of moderate to severe osteoarthritis and has not had documented failed response to conservative therapy and therefore the request is not medically necessary.