

Case Number:	CM15-0023899		
Date Assigned:	02/13/2015	Date of Injury:	11/28/2012
Decision Date:	04/01/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/09/2015

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: 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 injured worker is a 45 year old male, who sustained an industrial injury on November 28, 2012. He has reported while carrying stone bowls he slipped and landed on his left knee. The diagnoses have included anterior cruciate ligament tear, left knee arthritis and hip trochanteric bursitis. Treatment to date has included X-ray, medications, brace and rest, injections. Currently, the injured worker complains of headache, neck pain, chest pain, upper and lower back pain, left shoulder pain, left hip, upper leg, lower leg, knee, ankle heel, foot, great toe, and toes pain, numbness and tingling in arms and hands, numbness and weakness in legs and feet and tingling in left leg and foot, he also reports weakness and swelling of the left knee which also gives out on him. In a progress note dated January 16, 2015, the treating provider reports of, left knee there was tenderness noted tenderness along the medial and lateral joint lines, patellofemoral tenderness and the injured workers gait was noted as asymmetrical on the left. On January 21, 2015 Utilization Review non-certified a synvisc injection for the left knee, noting, Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection for The Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), Hyaluronic acid injections.

Decision rationale: The Official Disability Guidelines contain numerous criteria which must be met prior to recommending hyaluronic acid injections to the knee. The primary consideration, and the only diagnosis for which injections are recommended by the ODG, is a diagnosis of osteoarthritis of the knee. In addition, the ODG requires the patient to be suffering from knee pain and to satisfy at least 5 of 9 other criteria as well. The medical record does not contain the necessary documentation to enable recommendation of hyaluronic acid injections to the knee. Synvisc Injection for The Left Knee is not medically necessary.