

Case Number:	CM15-0037716		
Date Assigned:	03/06/2015	Date of Injury:	06/22/2012
Decision Date:	05/07/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/27/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50-year-old female who reported an injury on 09/12/2008. The mechanism of injury was not stated. The current diagnoses include left knee arthroscopy on 10/09/2014 and right shoulder AC joint disease. The injured worker presented on 12/15/2014 for a follow-up evaluation with complaints of right shoulder pain. The physical examination was not provided. Recommendations included physical therapy and a Dynasplint. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, Chapter: Knee and Leg.

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

Decision rationale: The Official Disability Guidelines recommend hyaluronic acid injections for patients who experience symptomatic osteoarthritis. In this case, there was no mention of an attempt at conservative management prior to the request for a Synvisc injection. There was no objective evidence of symptomatic severe osteoarthritis of the knee. There was also no evidence of a failure to respond to aspiration and injection of intra-articular steroids. As such, the request is not medically appropriate.