

Case Number:	CM15-0068413		
Date Assigned:	04/16/2015	Date of Injury:	09/15/2013
Decision Date:	05/15/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/10/2015

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: 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 55 year old female, who sustained an industrial injury on 09/15/2013. She reported injuries to her bilateral knees. The injured worker is currently diagnosed as having myofascial sprain of the cervical spine, cervical radiculopathy, deQuervain's disease of the left wrist, left wrist carpal tunnel syndrome, right and left knee degenerative arthritis, and lumbar radiculopathy. Treatment to date has included right and left knee MRI's, electromyography/nerve conduction studies, physical therapy, acupuncture, chiropractic treatment, and medications. In a progress note dated 03/10/2015, the injured worker presented with complaints of bilateral knee and lumbar spine pain. The treating physician reported requesting authorization for Synvisc injections. Notes indicate that the patient was approved for Synvisc injections on March 18, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection series of six, total 12ML, 96MG bilateral knees: Upheld

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, Hyaluronic Acid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Hyaluronic acid injections.

Decision rationale: Regarding the request for Synvisc, Occupational Medicine Practice Guidelines do not contain specific criteria regarding the use of hyaluronic acid injections. ODG states that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. Within the documentation available for review, there is no documentation of failure of conservative treatment including physical therapy and steroid injections. Additionally, it appears the patient was recently authorized for Synvisc injections, and there is no indication whether those injections have been performed, and whether they resulted in any analgesic efficacy or objective functional improvement. As such, the currently requested Synvisc injections for the knee are not medically necessary.