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| Case Number: | CM15-0074472 | | |
| Date Assigned: | 04/29/2015 | Date of Injury: | 09/30/1996 |
| Decision Date: | 05/26/2015 | UR Denial Date: | 04/09/2015 |
| Priority: | Standard | Application Received: | 04/20/2015 |

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 63 year old male who sustained an industrial injury to his left knee from a fall off a ladder on 09/30/1996. The injured worker was diagnosed with left knee degenerative joint disease, medial compartment arthritis and Morton's neuroma right foot. The injured worker is status post arthroscopic left medial meniscectomy and right knee surgery (no dates documented). Current treatment is focused on pain relief and delaying the need for surgical intervention. The injured worker has received Synvisc series of 4-5 injections lasting 9 months to 2 years of relief starting approximately in 2009. According to the primary treating physician's progress report on March 17, 2015, the injured worker has a varus deformity of the left knee on stance and gait and minimal varus deformity on the right knee. The left knee has full extension and decreased flexion with moderate crepitation on range of motion. There was noted fullness without significant effusion. The injured worker currently is not taking medications. Treatment plan consists of the current request for Synvisc injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc one injection to left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines do not address the use of Orthovisc or other hyaluronic acid injections. The ODG recommends the use of hyaluronic acid injection as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments for at least three months to potentially delay total knee replacement. The use of hyaluronic acid injections is not recommended for other knee conditions, and the evidence that hyaluronic acid injections are beneficial for osteoarthritis is inconsistent. The injured worker has had synvisc injections 4 to 5 times in the past with significant improvement with subjective pain. Per available documentation, each injection provided relief from 9 months to 2 years in length. The request for Synvisc one injection to left knee is determined to be medically necessary.