

Case Number:	CM15-0075122		
Date Assigned:	04/27/2015	Date of Injury:	08/15/2011
Decision Date:	05/27/2015	UR Denial Date:	04/16/2015
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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female, who sustained an industrial injury on 08/15/2011. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, left knee surgeries (x2), conservative therapies, and left knee injections. Currently, the injured worker complains of left knee pain and swelling with crepitus and buckling, and back pain. The injured worker reported that pain medications were helping with the pain. The diagnoses include left knee internal derangement, status post 2 left knee surgeries, and rule out lumbar radiculopathy. The request for authorization consisted of Synvisc injection (x1) to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc one injection to the left 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) Knee/Hyaluronic Acid Injections.

Decision rationale: ODG recommends Synvisc injections for patients with advanced osteoarthritis who have failed first-line treatment, particularly in the setting of a patient hoping to delay total knee replacement surgery. The records do not clearly document the diagnosis of osteoarthritis. At most the records suggest mild osteoarthritis for which only limited initial treatment has been provided. Thus the records and guidelines do not support the current request. This request is not medically necessary.