

Case Number:	CM15-0077737		
Date Assigned:	04/29/2015	Date of Injury:	07/19/2010
Decision Date:	05/29/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/23/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 51 year old male, who sustained an industrial injury on 7/19/2010. He reported cumulative injury from working as a police officer. The injured worker was diagnosed as having bilateral knee pain-status post arthroscopy and previous spinal surgery with chronic low back pain. There is no record of a recent diagnostic study. Treatment to date has included Synvisc injection, lumbar epidural steroid injection and medication management. In a progress note dated 4/2/2015, the injured worker complains of chronic low back pain with radiation into both legs and bilateral knee pain. The treating physician is requesting Synvisc injection to bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc one injection to 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 (ODG) TWC, knee and leg procedure summary, criteria for hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - knee, synvisc.

Decision rationale: The medical records report pain in the knee with documented findings of osteoarthritis but does not demonstrate a history of failure of intraarticular steroid injections. ODG guidelines support synvisc for patients with osteoarthritis of the knees with demonstrated failure of conservative care including intraarticular steroids. As such the medical records provided for review do not support synvisc injection congruent with ODG guidelines and therefore the request is not medically necessary.