

Case Number:	CM15-0077855		
Date Assigned:	04/29/2015	Date of Injury:	06/14/2011
Decision Date:	06/05/2015	UR Denial Date:	03/31/2015
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: 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 male, who sustained an industrial injury on 06/14/2011. On provider visit dated 10/23/2014 the injured worker has reported pain and swelling in the left knee, which was noted to be intermittent. On examination of the left knee was noted to have full unrestricted range of motion, medial compartment crepitus and discomfort with examination. The diagnoses have included severe degenerative joint disease of the left knee. Treatment to date has included injections and medication. The provider requested Left knee synvisc injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee synvisc injection: 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 (update 02/27/15), 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 (ODG) Knee/Hyaluronic Acid Injections.

Decision rationale: ODG supports repeat Synvisc injections for patients with osteoarthritis of the knee refractory to other treatment and with the goal of delaying the need for surgery. The records in this case document a prior Synvisc injection of 10/23/14. ODG recommends repeat Synvisc injections as an option if a patient had at least 6 months of benefit from a prior similar injection. The RFA in this case of 3/25/15 was thus file prior to 6 months after the patient's recent Synvisc injection. Treatment guidelines for a repeat injection have thus not been met in this case. The request is not medically necessary.