

Case Number:	CM15-0078090		
Date Assigned:	04/29/2015	Date of Injury:	06/15/2012
Decision Date:	06/04/2015	UR Denial Date:	04/10/2015
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: North Carolina

Certification(s)/Specialty: Family Practice

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 66-year-old female who sustained an industrial injury on June 15, 2012. She reported an injury to her knees. Previous treatment includes work modifications, physical therapy, cortisone injections to bilateral knees, medications, MRI of the bilateral knees and left knee arthroscopy on April 25, 2014. A physician's evaluation dated October 6, 2014 revealed the injured worker continued to have some pain in her left knee particularly with prolonged walking. She had normal function with activities of daily living tasks and a normal night sleeping pattern. Her gait was balanced and symmetrical and she had normal bilateral knee alignment. She exhibited minimal tenderness to palpation of the left knee and normal stability tests. An x-ray of the left knee on 10/6/2014 revealed a 3 mm medial joint space. Diagnoses associated with the request include joint derangement of the joint, joint pain, synovitis and tenosynovitis, and tear of the medial meniscus of the knee. The treatment plan established at the 10/6/2014 evaluation included modified activities. The documentation provided did not include current medical evaluations or specific documentation of the details of failed conservative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 Synvisc injections 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 (ODG), Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, hyaluronic acid injections.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states hyaluronic acid injections are indicated in the treatment of moderate to severe osteoarthritis of the knee. The provided MRI report findings failed to show this diagnosis. Therefore, the request is not medically necessary.