

Case Number:	CM15-0090217		
Date Assigned:	05/14/2015	Date of Injury:	06/18/2008
Decision Date:	06/16/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 70 year old female with an industrial injury dated 6/18/2008. The injured worker's diagnoses include left knee degenerative joint disease. Treatment consisted of Magnetic Resonance Imaging (MRI) of the left knee, prescribed medications, status post left knee surgery 3/25/2011 and periodic follow up visits. In a progress note dated 4/01/2015, the injured worker reported pain walking with cane. The injured worker reported having injections in the past which helped quite a bit. Objective findings revealed full range of motion, tender laterally and a genu valgus deformity. The treating plan consisted of Synvisc injection and lateral unloading brace. The treating physician prescribed services for left knee synvisc injection kit 1 x week/3 weeks now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee synvisc injection kit 1 x week/3 weeks: 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), Knee & Leg - Synvisc (hylan).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: CA MTUS/ACOEM is silent regarding the request for viscosupplementation for the knee. According to the ODG Knee and leg chapter, Hyaluronic acid injection, it is indicated for patients with documented severe osteoarthritis of the knee and patients who have failed 3 months of conservative nonpharmacologic (e.g. exercise) and pharmacologic treatments or are intolerant of these therapies. In this case the treating physician's interpretation of the MRI is that the cartilage is in good condition. This is not in keeping with severe osteoarthritis and therefore the guideline criteria are not satisfied and the request is not medically necessary.