MAXIMUS Federal Services

Case Number:	CM15-0093706		
Date Assigned:	05/22/2015	Date of Injury:	04/23/2014
Decision Date:	06/26/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/14/2015

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
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 46 year old male who sustained an industrial injury on 4/23/14. The injured worker was diagnosed as having previous arthroscopic meniscectomy and debridement of the left knee with residual symptomatic chondromalacia. Currently, the injured worker was with complaints of pain in the left lower extremity and right knee. Previous treatments included status post arthroscopic meniscectomy and debridement of the left knee, physical therapy, and acupuncture treatment. The plan of care was for Synvisc injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvic injection of the right knee and left ankle: 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, Hyaluronic acid injections; Ankle & Foot, 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 Chapter/Hyaluronic Acid Injections Section.

Decision rationale: The MTUS Guidelines do not address the use of Orthovisc or other hyaluronic acid injections. The ODG recommends the use of hyaluronic acid injection as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments for at least three months to potentially delay total knee replacement. The use of hyaluronic acid injections is not recommended for other knee conditions, and the evidence that hyaluronic acid injections is beneficial for osteoarthritis is inconsistent. There is no indication from the medical documentation provided that the criteria in the ODG have been established to warrant this treatment. The request for Synvic injection of the right knee and left ankle is determined to not be medically necessary.