

Case Number:	CM15-0095875		
Date Assigned:	05/22/2015	Date of Injury:	07/05/2006
Decision Date:	06/25/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 61-year-old female who sustained a work related injury July 5, 2006. Past history included right total knee replacement, 2011. According to a primary treating physician's progress report, dated April 22, 2015, the injured worker presented with increased left knee pain and low back pain. She reports to have been evaluated and in need of a left total knee replacement. The physician documents a 40% compression fracture at L1 of undetermined age, tricompartmental degenerative joint disease of the left knee, and low back pain secondary to antalgic gait. She has failed brace, physical therapy and Synvisc injections. Diagnoses included osteochondral loose body; degenerative joint disease right and left; low back pain lumbosacral radiculopathy. Treatment plan included authorization for lumbar spine MRI, medication, and at issue, a request for Synvisc injections to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection to left knee x 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, 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) Hyaluronic acid injections.

Decision rationale: The claimant sustained a work-related injury in July 2006 and continues to be treated for bilateral knee and low back pain. She underwent a right total knee replacement and left knee replacement is being recommended. Prior left knee Synvisc injections have failed to improve her condition. When seen, there was an antalgic gait. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement. A repeat series of injections can be considered if there is a documented significant improvement in symptoms for 6 months or more and the symptoms recur. In this case, the claimant had no apparent improvement after a previous series of injections and therefore a repeat series is not medically necessary.