

Case Number:	CM14-0073570		
Date Assigned:	09/18/2014	Date of Injury:	07/30/2012
Decision Date:	08/28/2015	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/21/2014

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 63 year old female, who sustained an industrial injury on July 30, 2012, incurring neck, low back, bilateral knees, right ankle and foot injuries after losing her balance and nearly falling. She was diagnosed with cervical spine strain with upper extremity radiculitis, lumbosacral spine strain with degenerative disc disease, right knee medial meniscus tear, left knee strain and left ankle sprain. She underwent right knee arthroscopy with meniscectomy and chondroplasty. Treatment included pain medications, physical therapy, cortisone injections and activity modifications. Currently, the injured worker complained of left knee pain. Because of the injury in the right knee, the injured worker had been favoring her left knee resulting in a new onset of pain. She noted crepitus with increased swelling and pain with range of motion in the left knee. The treatment plan that was requested for authorization included three Synvisc injections for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Synvisc Injections for 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 : Work Loss Data Institute, LLC; Corpus Christi. TXwww.odg-twc.com.

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 California MTUS and the ACOEM do not specifically address the requested service. Per the ODG section on leg and knee and hyaluronic acid injections, criteria for injections include patients who experience significantly symptomatic osteoarthritis without adequate response to conservative non-pharmacological and pharmacological treatments, documented symptomatic severe osteoarthritis of the knee, pain interferes with functional activities, failure to respond to aspiration and injection of intra-articular steroids, not candidates for total knee replacements and not indicated for any other indications. The patient does not have the diagnosis of osteoarthritis and therefore the request is not medically necessary.