

Case Number:	CM13-0046936		
Date Assigned:	12/27/2013	Date of Injury:	02/02/2012
Decision Date:	04/14/2015	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/05/2013

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 44-year-old male who sustained an industrial injury on 02/21/12. He reports left knee pain. Treatments to date include medications, left knee arthroscopy and three prior viscosupplementation of the left knee. Diagnoses include industrial injury to the left knee and with prior knee surgery and viscosupplementation. In a progress note dated 10/09/13, the treating provider recommends another Synvisc injection to the left knee. On 10/28/13 Utilization Review non-certified the Synvisc injection, citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection 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 ODG-TWC Knee and Leg Procedure Summary, 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.

Decision rationale: The MTUS Guidelines do not address viscosupplementation. The ODG recommends hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments or 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 are beneficial for osteoarthritis is inconsistent. Repeat injection may be reasonable if documented significant improvement in symptoms for 6 months or more, and symptoms recur. The medical records provided for review indicate that the injured worker received viscosupplementation to the left knee on 7/25/2012, 1/9/2013 and 7/17/2013. This request was made three months following the most recent viscosupplementation to the left knee, so medical necessity of this request clearly could not have been established within the recommendations of the ODG. The medical reports do not indicate that the injured worker had significant improvement in symptoms for 6 months or more with the most recent viscosupplementation to the left knee with recurrence of symptoms. Therefore, the request is not medically necessary.