

<b>Case Number:</b>	CM13-0026841		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	06/26/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 63 year-old individual was reportedly injured on 6/26/2012. The most recent progress note, dated 7/22/2013, indicates that there aware ongoing complaints of neck pain, bilateral hand pain, and bilateral knee pain. The physical examination demonstrated bilateral knees: positive tenderness to the medial/lateral joint line positive memories. Positive compression test. Range of motion 0-115. Cervical spine: positive tenderness to palpation cervical paraspinal muscles, a full range of motion, positive Spurling's test. No recent diagnostic studies are available for review. Previous treatment Includes Left Knee Arthroscopy, physical therapy, medications, and conservative treatment. A request had been made for Synvisc injection left knee and was not certified in the pre-authorization process on 9/12/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc Injection For Left Knee #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**Decision rationale:** MTUS/ACOEM practice guidelines support viscosupplementation injections for chronic moderate to severe knee osteoarthritis that has been nonresponsive to conservative treatment. Review of the available medical records documents the patient has recently undergone Knee Arthroscopy. The guidelines do not support Synvisc injections at this time in the postoperative global phase, therefore, this request is not considered medically necessary.