

<b>Case Number:</b>	CM13-0028582		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/29/2013
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 physician 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 patient is a 58-year-old male who reported an injury on 05/29/2013. The patient is currently diagnosed with left knee pain with medial meniscal tear and medial compartmental osteoarthritis. The patient was recently seen by [REDACTED] on 10/21/2013. Physical examination revealed slight varus deformity, tenderness to palpation over the medial joint space, tenderness to palpation over the lateral hamstring tendons, limited extension, and intact sensation. Treatment recommendations included a series of Synvisc injections as well as an unloader brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of three left knee Synvisc injections:** 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 Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Hyaluronic Acid Injections.

**Decision rationale:** California Medical Treatment Utilization Schedule and American College of Occupational and Environmental Medicine Practice Guidelines state invasive techniques, such as needle aspiration of effusions or cortisone injections, are not routinely indicated. Official

Disability Guidelines state prior to hyaluronic acid injections, there should be documentation of symptomatic severe osteoarthritis of the knee. As per the clinical note submitted, the patient's latest physical examination only revealed tenderness to palpation with limited extension. There was no documentation of a failure to adequately respond to non-pharmacologic and pharmacologic treatments including physical therapy and medications for at least 3 months. There is also no evidence of bony enlargement, crepitus, less than 30 minutes of morning stiffness, no palpable warmth of synovium, or pain that has interfered with functional activities including ambulation. Based on the clinical information received, the patient does not currently meet criteria for a series of Synvisc injections. As such, the request is noncertified.