

<b>Case Number:</b>	CM13-0044315		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/23/2011
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 51-year-old male who was injured on 05/23/2011 while repetitively getting in and out of the patrol car when he felt acute onset of pain in his right knee. Prior treatment included Norco 10/325 mg b.i.d.; Ultram ER 150 mg b.i.d.; Anaprox DS 550 mg b.i.d.; Prilosec 20 mg b.i.d. Operative Report dated 12/21/2012 included left knee diagnostic/operative knee arthroscopy(revision; arthroscopic partial medial meniscectomy; chondroplasty patellofemoral joint; extensive three-compartment synovectomy/debridement; resection of hypertrophic synovial plica and insertion of pain pump (extra-articular) Patient had Supartz injection to the left knee 02/2012 and a Synvisc One injection 03/2013. Operative note dated 12/09/2011 revealed procedures performed: left knee medial meniscal repair; partial lateral meniscectomy; chondroplasty of patellofemoral joint; arthroscopic lateral release and tricompartmental synovectomy. SMI treatment notes dated 10/01/2013, 09/27/2013, 10/04/2013, 09/24/2013 and 09/18/2013. Urine toxicology review dated 09/09/2013. Clinic noted 10/14/2013 progress report patient's post right shoulder diagnostic and operative arthroscopy on 05/17/2013. Patient was making good progress with therapy but when discontinued approximately 2-3 weeks ago, had regression of the symptoms and stiffness of the right shoulder. After 12/21/2012 post left knee revision arthroscopy, patient continued to have stiffness, achiness and discomfort of the left knee. There was approximately 45-50% improvement following Synvisc injection on 03/11/2013; however, the effects completely wore off. Physical exam findings of the right shoulder revealed well-healed arthroscopic portals with forward flexion and abduction of 160 degrees, internal rotation to L2 and manual muscle testing 4-/5. Physical exam findings of the left knee showed well healed arthroscopic portals, range of motion is 0-125 degrees and trace effusion. A current review is for synvisc one injection to the left knee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One Synvisc injection to the left knee:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic) Chapter, Hyaluronic Acid Injections Section, as well as Physical Medicine and Rehabilitation, 3rd Edition, 2007. Chapter 40: Musculoskeletal Problems of the Lower Limb, pages 855-882.

**Decision rationale:** CA MTUS guidelines do not discuss the requested issue and hence the ODG have been consulted. According to the ODG, "Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established." As in this case, the operative report dated 12/21/2012 indicates the preoperative and postoperative diagnoses as chondromalacia patellofemoral compartment, synovitis, medial meniscal tear status post previous failed medial meniscus repair. Although a clinic note dated 10/14/2013 indicates that prior Synvisc injection in March 2013 resulted in 45-50% improvement; however, the guidelines do not recommend hyaluronic acid injections for diagnosis of chondromalacia patella and patellofemoral arthritis. The request for one Synvisc injection to the left knee is not medically necessary or appropriate.