

<b>Case Number:</b>	CM13-0045643		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/13/2012
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Orthopedic Surgery 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 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 claimant is a 55-year-old gentleman who was injured on 10/12/12, sustaining an injury to the low back and bilateral lower extremities. Recent clinical records for review include a September 30, 2013 follow up assessment with [REDACTED] where the claimant was with continued complaints of left knee pain with a current diagnosis of status post knee arthroscopy with re-tearing to the lateral meniscus. Examination showed tenderness to the lateral joint line with positive McMurray's testing and pain with terminal flexion. A repeat surgical arthroscopy was recommended at that time for further intervention. Previous documentation of radiographs from June 5, 2013 showed no joint cartilage narrowing or soft tissue swelling. It is unclear when the claimant's prior surgical arthroscopy took place. Further formal imaging was not noted. In addition to the surgical arthroscopy, [REDACTED] had recommended the role of viscosupplementation injections to be performed in the postsurgical setting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **3 SYNVISIC INJECTIONS FOR 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)

OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE, HYALURONIC ACID INJECTIONS.

**Decision rationale:** CA MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the series of viscosupplementation injections to the left knee would not be indicated. At present, there is lack of documentation of clinical findings specific for an underlying degenerative process that would formally support the role of the above mentioned injection. Guidelines also would not support the acute role of injections in the immediate postoperative setting. The lack of clinical correlation between the claimant's current working diagnosis and direct indication for need of the injection series would fail to necessitate its need at present.