

<b>Case Number:</b>	CM13-0045769		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/01/2010
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	10/30/2013
<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 Anesthesiologist and Pain Medicine, 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 injured worker is a 52-year-old female who reported an injury on 04/01/2010. The mechanism of injury was not provided. On 10/16/2013, the injured worker presented with bilateral knee pain. Upon examination of the left knee, there was normal gait, no swelling or ecchymosis, no observable spasm, and no obvious malalignment of the knee. The range of motion of the left knee was within normal values. There was a positive patellofemoral crepitation with patellofemoral grinding and tenderness to palpation along the medial joint line and lateral joint line. The diagnoses were history of initial industrial injury, MRI evidence of a left knee lateral meniscal tear and mild patellofemoral articular damage, and tricompartmental chondromalacia with moderate to severe medial compartment narrowing bilaterally, as well as patellofemoral compartment moderate chondromalacia. Prior therapy included medication. The provider recommended and MRI of the left knee and Synvisc 1 injection due to history of previous meniscus tear with instability about the knee. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LEFT KNEE WITHOUT CONTRAST:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 341-343.

**Decision rationale:** The request for MRI of the left knee without contrast is non-certified. California MTUS/ACOEM Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The clinical parameters for a knee radiograph include effusion within 24 hours of direct blow or fall, palpable tenderness over fibular head or patella, inability to walk or bear weight immediately or within a week of trauma, and inability to flexion knee to 90 degrees. An adequate examination of the injured worker was not provided detailing current deficits of the left knee to warrant an MRI. The documentation does not provide evidence of palpable tenderness over the fibular head, inability to walk, inability to flex the knee to 90 degrees, or joint effusion. As such, the request is non-certified.

**2 SYNVISIC ONE INJECTION 6ML INTO BILATERAL KNEES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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, Hyaluronic acid injections.

**Decision rationale:** The request for 2 Synvisc One injections 6 mL into the bilateral knees is non-certified. Official Disability Guidelines recommend Synvisc One injections as a possible option for severe osteoarthritis for injured worker's who have not responded adequately to recommended conservative treatment, to potentially delay total knee replacement, but in recent studies the magnitude of improvement appears modest at best. While osteoarthritis of the knees is recommended indication, there is insufficient evidence for other conditions. The injured worker does not have a diagnosis congruent with the guideline recommendations for Synvisc One injection. As such, the request is non-certified.