

<b>Case Number:</b>	CM13-0045799		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/14/2011
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	10/21/2013
<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 Physical Medicine and Rehabilitation 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:

This 35 year-old male sustained a left knee injury when he tripped over a chair and struck his knee on 6/14/11 while employed by [REDACTED]. Request under consideration include A SYNVISIC INJECTION TO THE LEFT KNEE. MRI of the left knee dated 7/11/11 noted large tear of lateral meniscus with cyst anteriorly; large tear of medial meniscus likely degenerative; extensive arthritic changes of the medial compartment with severe articular cartilage loss and subchondral degeneration; synovial hypertrophic changes; Baker's cyst; please correlate clinically for inflammatory arthritis. Report of 7/15/13 from the provider noted the patient is 3 months s/p Synvisic injection of the left knee. The patient was taking Mobic daily, but reported 100% improvement, walking without restriction. Exam noted full unrestricted range of motion. Diagnosis included degenerative joint disease of the left knee, being treated conservatively. Request was for Synvisic one injection left knee which was non-certified on 10/21/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A SYNVISIC INJECTION TO THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Acid Injections pages 311-313.

**Decision rationale:** Per Official Disability Guidelines, states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, while Hyaluronic intra-articular injections may be an option for severe osteoarthritis, it is reserved for those with failed non-pharmacological and pharmacological treatments or are intolerant to (NSAIDs) non-steroidal anti-inflammatory drugs therapy with repeat injections only with recurrence of severe symptoms post-injection improvement of at least 6 months, not identified here. It has only been 3 months and the patient has no recurrence of symptoms or clinical findings. Submitted reports have not demonstrated clear supportive findings for the injection request. The synvisc injection to the left knee is not medically necessary and appropriate.