

<b>Case Number:</b>	CM13-0046887		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/09/2011
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 patient is a 48-year-old female who reported an injury on 05/09/2011. The mechanism of injury was not stated. The patient is diagnosed with right ACL tear and chondromalacia in the lateral condyle. The patient was seen by [REDACTED] on 12/02/2013. The patient reported ongoing pain to the anterior aspect of the knee. Physical examination revealed 0 to 120 degree range of motion with negative effusion. Treatment recommendations included a Synvisc-One injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SYNVISC- INJECTION TO RIGHT KNEE QTY:1.00:** 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 Chapter, Hyaluronic Acid Injection.

**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 Injection.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state invasive techniques such as needle aspiration or cortisone injections are not routinely indicated. Official Disability

Guidelines state hyaluronic acid injections are indicated for patients who experience significantly symptomatic osteoarthritis and have not responded adequately to recommended conservative care. There should be documentation of symptomatic severe osteoarthritis of the knee, which may include bony enlargement, bony tenderness, crepitus, less than 30 minutes of morning stiffness, and no palpable warmth of synovium. There should be evidence of a failure to adequately respond to aspiration and injection of intra-articular steroids. As per the documentation submitted, the patient does not meet any of the above-mentioned criteria as outlined by the Official Disability Guidelines. There is no documentation of a failure to respond to conservative treatment or aspiration and injection of intra-articular steroids. The patient's physical examination revealed 0 to 120 degree range of motion without any effusion. There is no documentation of severe osteoarthritis of the right knee. Based on the clinical information received, the request is non-certified.