

<b>Case Number:</b>	CM13-0049192		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/18/1985
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Internal Medicine has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 67 year old male with date of injury 10/18/85. The mechanism of injury is not stated in the available medical records, The patient has complained of right knee pain since the date of injury. There are no formal radiographic reports included in the medical records. Per the provider notes, plain films of the right knee revealed medial compartment joint narrowing. The patient has had two arthroscopic surgeries of the right knee and has also been treated with physical therapy and medications. Objective: there is no physical exam documentation of a right knee examination in the included medical records. Diagnoses: right knee sprain. Treatment plan and request: synvisc injections x 3, right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SERIES OF 3 SYNVISIC INJECTIONS TO THE RIGHT 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 Chapter: Hyaluronic Acid Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Knee Complaints Page(s): 339.

**Decision rationale:** This 67 year old male has complained of right knee pain since date of injury 10/8/85. He has been treated with medications, physical therapy and arthroscopic surgery. The current request is for synvisc injections of the right knee x 3. Per the MTUS guideline cited above, Synvisc injections for knee pain are not a recommended pharmaceutical or procedural intervention. On the basis of the MTUS guideline cited above, Synvisc is not indicated as medically necessary.