

<b>Case Number:</b>	CM13-0064470		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 46 year old male who was injured on 5/7/2013. He had a history of a prior left knee injury on 3/15/2013. The following diagnoses are listed; ankle pain, osteoarthritis, rotator cuff syndrome, Chondromalacia of the patella and left knee pain. The patient completed physical therapy and treatment with TENS unit. A left knee MRI dated 6/9/2013 showed mild degenerative joint disease, synovial cyst. Grade 5 chondromalacia of the patella. On 11/21/2013, the patient complained of left knee pain that is increased with walking and movements. The documented objective findings are tenderness to palpation, positive patellofemoral crepitus and grind. The medications listed are Norco and Voltaren. A Utilization Review decision was rendered on 12/9/2013 recommending non certification of three ultrasound guided left knee Synvisc injections- 6ml/48mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SYNVISC INJECTIONS UNDER ULTRASOUND GUIDANCE FOR THE LEFT KNEE, 6ML/48MG, QUANTITY 3:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg. hyaluronic acid injection.

**Decision rationale:** The Expert Reviewer's decision rationale: The CA MTUS did not address the treated of chronic knee arthritis with hyaluronic acid or analogues. The ODG discussed the indications for knee injections. These indications are listed as documentation of failed treatment with physical therapy and medications including NSAIDs and steroid injections, age greater than 50 years and severe osteoarthritis. The records did not show that the patient have failed steroid injections to the knee. The MRI report showed mild degenerative joint disease of the left knee. The presence of severe patella chondromalacia is not an indication for Synvisc injection.