

<b>Case Number:</b>	CM13-0067068		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/07/2012
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Pennsylvania. 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 claimant was injured in a work related accident on 07/11/2012. The records provided for review document a current diagnosis of bilateral patellofemoral chondromalacia. A report of a right knee MRI dated 09/17/12 MRI identified a small effusion, a grade I sprain of the MCL, no medial or lateral meniscal tearing and no degenerative changes noted in the medial or lateral compartment. It also documented that there was no significant degenerative changes noted in the patellofemoral joint. The 11/20/13 follow up report for bilateral knee pain documents that the recent use of anti-inflammatory agents provided only limited relief. Physical examination documented patellofemoral crepitation with no other significant findings. Based on the diagnosis of bilateral patellofemoral chondromalacia, a series of viscosupplementation injections were recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SYNVISC INECTIONS TO RIGHT KNEE, EITHER ONE SYNVISC-ONE INJECTION OR SERIES OF THREE SYNVISC OR HYALGEN INJECTIONS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Knee Procedure -Hyaluronic acid injections.

**Decision rationale:** The CA MTUS and ACOEM Guidelines do not address Synvisc injection. The records indicate a diagnosis of patellofemoral chondromalacia with imaging showing no indication of medial, lateral or patellofemoral joint degenerative change. In the absence of documentation of degenerative pathology, there would be no current indication for viscosupplementation injections in this individual. Therefore, the request for synvisc injections to right knee, either one synvisc-one injection or series of three synvisc or hyalgen injections is not medically necessary and appropriate.