

<b>Case Number:</b>	CM13-0070004		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/23/2012
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 71 year old male who sustained injury on 5/23/2012. The chronic bilateral knees pain is currently being treated with medications. The patient had completed physical therapy in 2013 and a right knee chondroplasty with meniscectomy in 2012. A right knee Synvisc injection on 10/2/2013 resulted in significant reduction in pain and increase in range of motion. The radiological report on the right knee showed moderate advanced tricompartment Chondromalacia and suprapatellar effusion. The patient is also awaiting bilateral wrist surgery but wishes to delay knee surgery to return to work. The patient had a left knee Synvisc injection on 1/10/2014. A Utilization Review decision was rendered on 12/17/2013 recommending non certification of drainage of left knee joint / bursa and Synvisc injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DRAIN/INJECT JOINT/BURSA:** Overturned

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

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

**Decision rationale:** The CA MTUS did not address the use of hyaluronic acid injections in the treatment of knee pain. The ODG guidelines listed the criteria for the use of Synvisc injections for the treatment of knee pain. This patient have failed physical therapy and conservative management. He has significant knee osteoarthritis with both subjective and objective confirmatory findings. He did have a significant benefit following a prior right knee Synvisc injection. This 71 year old male wishes to receive the injection so he could delay knee surgery and return to work. The documentation did comply with the ODG criteria for Synvisc injection to the knee. Therefore the request is medically necessary.