

<b>Case Number:</b>	CM14-0007193		
<b>Date Assigned:</b>	05/28/2014	<b>Date of Injury:</b>	11/08/2011
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 8, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier knee arthroscopy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated December 27, 2013, the claims administrator denied a request for Synvisc injections to the right knee. The claims administrator did not incorporate any guidelines into its rationale. The applicant's attorney subsequently appealed. In a clinical progress note dated March 5, 2013, handwritten, difficult to follow, not entirely legible, the applicant was apparently described as having persistent complaints of shoulder pain status post earlier arthroscopy, low back pain, and sacroiliac joint pain. The applicant was placed off of work, on total temporary disability. Epidural steroid injection therapy was sought at that point. The note was very difficult to follow, handwritten, and not entirely legible. The applicant apparently underwent knee arthroscopic partial meniscectomy and arthroscopic synovectomy of hypertrophic synovium about the right knee on February 28, 2013. The applicant was described as having synovial hypertrophy and fraying of the medial femoral condyle on operative findings. Multiple handwritten notes interspersed throughout the claim were notable for comments that the applicant was off of work, on total temporary disability, for fairly protracted amounts of time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SYNVISC NJECTION RIGHT KNEE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3, Knee Chapter, Specific Diagnoses, Knee Pain and Osteoarthritis, Injections Viscosupplementation Injections.

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, viscosupplementation injections/Synvisc injections are recommended in the treatment of moderate-to-severe knee arthritis. In this case, however, there is no compelling evidence of any significant arthritic changes about the knee present here. The applicant is apparently 27 years old, making any significant arthritis unlikely. While there is some limited support for ACOEM for viscosupplementation injections to treat pain after arthroscopy and meniscectomy, in this case, however, the documentation on file is sparse, handwritten, difficult to follow, not entirely legible, and does not make a compelling case for the procedure in question. Therefore, the request for Synvisc injection for right knee is not medically necessary and appropriate.