

<b>Case Number:</b>	CM14-0103607		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/23/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 37-year-old male who reported an injury on 02/23/2010. The mechanism of injury was not provided in the medical records. Her diagnosis is osteoarthritis of the left knee. Her previous treatments included a right knee arthroscopy on 03/30/2012, participation in a self-directed stretching and strengthening program, and a Synvisc-One injection to the right knee on 09/30/2013. On 09/30/2013, the injured worker presented for re-evaluation of his bilateral knees. He was noted to report pain and giving way of the right knee. His physical examination revealed decreased range of motion, tenderness to the patellofemoral articulation, and crepitation of the right knee. A Synvisc-One viscosupplementation injection was provided to the right knee, and the treatment plan included possible repeat injections based on the response. The rationale for the repeat Synvisc injection was not specifically stated within the medical records. A Request for Authorization form was submitted on 10/03/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Synvisc one injection 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 & Leg (Acute & Chronic), Criteria for Hyaluronic Acid Injections; Wen, 2000.

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

**Decision rationale:** According to the Official Disability Guidelines, repeat hyaluronic acid injections may be supported with documentation of significant improvement in symptoms for 6 months or more, following previous injections. The clinical information submitted for review indicated that the injured worker underwent a Synvisc injection to the right knee on 09/30/2013. However, no additional documentation was provided following that procedure to indicate a positive response and absence of adverse effects. In the absence of this documentation, a repeat injection is not supported. Therefore, the request is not medically necessary.