

<b>Case Number:</b>	CM14-0106834		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/13/2006
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	07/03/2014
<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 Occupational Medicine/Preventive 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:

Injured worker (IW) is a 66 year old male who sustained an industrial injury on 04/13/06 when his left knee gave out but he did not fall. He twisted his back and reported worsening of pre-existing left and right knee problems. Documented treatment to date has included chiropractic manipulation, physical therapy, home exercises, and trigger point therapy for the back and shoulder per his chiropractor, as well as medications, interferential unit with conductive garment, and hot/cold unit per his MD. 08/15/13 MD office note documented complaints of left knee and right pain with swelling, clicking, popping, and altered gait. IW denied history of knee injections to date. IW reported lack of complete recovery concerning a prior left knee industrial injury in about 1993. He reported history of right and left knee surgeries. X-rays revealed medial compartment osteoarthritic changes in both knees. 09/17/13 Synvisc injection to the left knee was ordered, but there is no documentation that this was ever performed. 11/07/13 MD office note documented complaints of bilateral knee pain. A detailed physical examination of IW's knees is not included in any of the submitted documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Syrvisc Injection to the left 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 - TWC

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS) is silent concerning viscosupplementation injections for the knee. Therefore, other evidence-based guidelines were consulted Official Disability Guidelines (ODG), Knee & Leg Chapter, Hyaluronic Acid Injections.

**Decision rationale:** ODG criteria for hyaluronic acid injections are not met. ODG requires failure of response to joint aspiration and injection of intra-articular steroids prior to consideration for hyaluronic acid injections. No previous corticosteroid injection is documented. Therefore, medical necessity is not established for the requested Synvisc injection for the left knee.