

<b>Case Number:</b>	CM14-0010773		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/31/2001
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 50-year-old male who has submitted a claim for right knee osteoarthritis associated with an industrial injury date of 07/31/2001. Medical records from 02/13/2013 to 01/06/2014 were reviewed and showed that patient complained of constant right knee pain. Patient claims that his knee pops and swells, and is sore in the morning. Pain is increased by kneeling, squatting, and going up and down the stairs. Physical examination showed tenderness along the medial joint line. A small effusion is noted. Range of motion is decreased. Crepitus is noted with motion. The right knee was stable with Lachman, posterior drawer, and varus and valgus stress. Treatment to date has included medications, Synvisc injections, and partial meniscectomy of medial meniscus. Utilization review, dated 01/27/2014, denied the request for Synvisc injection because there was no documentation that indicates that the patient had symptomatic severe osteoarthritis of the knee, and no documentation regarding failure of previous knee surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INJECTION-STEROID SYNVIAC-ONE, FOR 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 and Leg (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ) Knee and Leg Chapter, Hyaluronic acid injections.

**Decision rationale:** CA MTUS does not specifically address viscosupplementation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that viscosupplementation injections are not recommended after meniscectomy. There was no benefit of hyaluronic acid injection after knee arthroscopic meniscectomy in the first 6 weeks after surgery, and concluded that routine use of hyaluronic acid after knee arthroscopy cannot be recommended. In this case, patient complains of right knee pain despite medications and previous partial meniscectomy of the medial meniscus of the right knee. However, guidelines do not support its use after meniscectomy. Therefore, the request for INJECTION-STERIOD SYNVIAC-ONE, FOR THE RIGHT KNEE is not medically necessary.