

<b>Case Number:</b>	CM14-0015397		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	08/12/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Orthopedic Surgery and is licensed to practice in California and Oklahoma. 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 51 year old female whose date of injury is 08/12/2011. She turned to retrieve a file and struck her knee on a pole. Note dated 03/12/13 indicates that the injured worker has had Synvisc injections which have failed to relieve her pain. MRI of the left knee dated 07/23/13 revealed stable moderate to advanced chondromalacia. Progress note dated 01/08/14 indicates that the injured worker complains of left knee pain rated as 8/10. Diagnoses are listed as degenerative joint disease left knee, pain left knee, and chondromalacia grade II left knee. She reports pain and crepitus with patella compression. Range of motion is 0-100 degrees. The injured worker is noted to have a history of meniscectomy and chondromalacia of patella. Note dated 03/06/14 indicates that the last Synvisc injections were performed on 12/27/12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ORTHOVISCS INJECTIONS X 3 SERIES LEFT KNEE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 13,

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

**Decision rationale:** Based on the clinical information provided, the request for Orthovisc injections x 3 series left knee is not recommended as medically necessary. The submitted records indicate that the injured worker has undergone prior Synvisc injections which failed to relieve her pain. The Official Disability Guidelines note that a repeat series of injections is supported if documented significant improvement in symptoms for 6 months or more, and symptoms recur. Given the lack of significant response to prior injections, the request is not medically necessary.