

<b>Case Number:</b>	CM14-0110256		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/22/2005
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Family Medicine and is licensed to practice in Tennessee, California, Florida, and Maine. 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 49 year old male who sustained injuries to the bilateral knees on 09/22/05 while in pursuit of a stolen car on his motorcycle; he was involved in a collision where he was thrown down a 30 foot embankment. He was taken to the emergency room where plain radiographs were obtained that revealed no fractures. The injured worker was placed in a splint and given medications as well as recommendation for follow up. The injured worker was subsequently referred to an orthopedic surgeon and plain radiographs reportedly revealed a right knee possible anterior cruciate ligament tear; postoperative changes in the medial meniscus; chondromalacia patellae. CT discogram was recommended but denied; therefore, physical therapy program was utilized. The progress note dated 05/20/14 reported that the injured worker continued to complain of bilateral knee pain. He recently had a right knee flare up approximately 4 weeks prior. He described his pain was aggravated with knee flexion and going up and down stairs. Physical examination noted tenderness to palpation of the distal quadriceps; lateral pain aggravated with knee extension; negative patellar crepitus. The injured worker was given a Synvisc injection and sent for MRI imaging. The injured worker was recommended to begin physical therapy and utilize Ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Synvisc injection performed on 5/20/14 quantity 1: 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), Treatment Index, 9th Edition (web), 2011, Knee- Hyaluronic acid injections. Journal of Knee Surgery, 2004 Apr; 17(2):73-7., "Viscosupplementation with Hylan G-F 20 (Synvisc): pain and mobility observations from 74 consecutive patients." By Lee S, Park D, Chmell SJ., Department of Orthopedic Surgery, University of Illinois, Chicago 60612, USA.

**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:** The previous request was denied on the basis that the medical records available to the previous reviewer, both old and recent, failed to document the existence of osteoarthritis of the knee. Only chondromalacia patella is documented. Therefore, the request for viscosupplementation was not deemed as medically appropriate. The Official Disability Guidelines states that Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae. Given this, the retrospective request for Synvisc injections performed on 05/20/14 x 1 is not indicated as medically necessary.