

<b>Case Number:</b>	CM14-0138991		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/03/1995
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 64 yo male who sustained an industrial injury on 02/03/1995. The mechanism of injury was he slipped on anti-freeze spilled on the floor injuring both knees. His diagnosis is bilateral knee pain. He continues with bilateral knee pain and is s/p multiple arthroscopies. He is maintained on medical therapy including narcotic analgesics ( Norco) and has undergone previous Synvisc injections to both knees. On exam he has palpable knee effusions. The range of motion was from 0 to 110 degrees on the left and 130 degrees on the right. The treating provider has requested bilateral knee Synvisc : one injection two times.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Knee Synvisc One Injection Two Times:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment In Workers Compensation, Online Edition Chapter: Knee & Leg (Acute & Chronic)

**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 (Acute and Chronic)

**Decision rationale:** The documentation indicates that the claimant has a history of bilateral knee osteoarthritis. He is s/p multiple arthroscopies and has undergone previous Synvisc injection therapy with a reported positive response. He has morbid obesity by BMI (46) and is maintained on medical therapy with narcotic analgesics. There is no documentation provided indicating that the patient has failed to adequately respond to injection of intra-articular steroids as recommended by the referenced practice guidelines. There is also no documentation that there was improvement of symptoms for 6 months or more following the Synvisc injections as specified in the referenced practice guidelines. Medical necessity for the requested item has not been established. The requested item is not medically necessary.