

<b>Case Number:</b>	CM14-0021497		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	12/22/2010
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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, 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:

This is a 46-year-old female patient with a December 22, 2010 date of injury. January 6, 2014 progress report indicates bilateral knee pain. December 14, 2013 the right knee MRI demonstrates a focal 5 x 5 mm grade 4 chondral defect in the central weight-bearing femoral medial condyles and low-grade chondromalacia. The patient continues with stiffness, achiness and pain bilaterally with the right greater than the left. Physical exam demonstrates bilateral well-healed arthroscopic portals, trace effusion in the left knee, positive patellofemoral crepitation and positive patellofemoral grind test bilaterally. February 28, 2011 left knee MRI demonstrates mild patella alta with mild lateral patellar cartilage degeneration and possible fissure of the lateral facet, possible patellar tendon lateral femoral condyle friction syndrome. There is documentation of a previous January 24, 2014 adverse determination because the patient had reported better relief with Kenalog injection than with the previous Synvisc injections in January 2012, October 2012, and August 2013; and because there are no imaging studies to corroborate arthritis of the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SYNVISC ONE 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, Knee Chapter, Hyaluronic Acid Injections.

**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).

**Decision rationale:** The Knee Complaints Chapter of the ACOEM Practice Guidelines, 2nd Edition, does not address Viscosupplementation, therefore, alternate guidelines were referenced. The ODG indications include patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments; are not candidates for total knee replacement; younger patients wanting to delay total knee replacement. If relief is obtained for six to nine months and symptoms recur, it may be reasonable to do another series. However, the patient's objective functional response to previous injection was not adequately assessed in terms of quantity and duration of pain relief, increase in functional capacity, and decrease in medication consumption. It was noted, though, that Kenalog injections have resulted in better relief than Synvisc injections in the past. The most recent left knee MRI did not demonstrate advanced osteoarthric changes. The request for one synvisc injection to the left knee is not medically necessary or appropriate.