

<b>Case Number:</b>	CM14-0027510		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/03/2009
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 63-year-old male who sustained an injury to his right knee on 08/03/09 when he fell from a loading ramp. Current medications included Norco and Zanaflex. Physical examination of the right knee revealed mild effusion, tenderness and crepitus. Treatment to date has included non-steroidal anti-inflammatory medications (NSAIDs), pain medications, physical therapy and home exercise program. The patient was diagnosed with right knee patellofemoral degenerative joint disease and recommended for hyaluronic acid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SYNVISC INJECTION TO RIGHT KNEE #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) Knee and Leg 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, Hyaluronic Acid Injections.

**Decision rationale:** The request for Synvisc injection to the right knee number one is not medically necessary. The previous request was denied on the basis that there were no recent

subjective findings and detailed evidence of recent conservative nonoperative treatments that have been tried and failed. The Official Disability Guidelines (ODG) states that treatment with hyaluronic acid injections are recommended as a possible option for severe osteoarthritis patients who have not responded adequately to recommended conservative treatments including exercise, NSAIDs and acetaminophen to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. There is indication in the records provided for review that the patient has been diagnosed with compartmental arthritis of the right knee. Given the clinical documentation submitted for review, medical necessity of the request for Synvisc injection to the right knee has not been established.