

<b>Case Number:</b>	CM14-0032818		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/04/1998
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 and Rehabilitation, and is licensed to practice in Alabama. 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 patient is a 51-year-old who was injured on Fanuary 10, 1996. The mechanism of injury is unknown. The patient underwent left knee partial medial meniscectomy on December 11, 2012. Progress report dated April 45, 2014 indicated the patient presented with complaints of pain and discomfort along the medial compartment of the left knee. On exam, there was tenderness aong the medial joint line of the left knee with mild atrophy of the VMO. Impression is probable chondromalacia of mild degree right knee. The patient has been recommended Voltaren medication 75 mg, Synvisc injection and possible MRI to assess the integrity of the joint. On AME report dated September 6, 2013, it is noted that the patient has completed 15 sessions of physical therapy. Prior utilization review dated March 11, 2014 states the request for Synvisc 1 injection is not certified as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc one injection x one:** 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-Viscosupplementation.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule ( MTUS) guidelines do not discuss the issue in dispute. Per ODG, criteria for hyaluronic acid injections include "significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least three months". In addition, the criteria "requires knee pain and at least five of the following: 1) bony enlargement; 2) bony tenderness; 3) crepitus...; 4) ESR less than 40mm/hr; 5) less than 30 minutes of morning stiffness; 6) no palpable warmth of synovium; 7) over 50 years of age; 8) rheumatoid factor less than 1:40 titer...; 9) synovial fluid signs...; pain interferes with functional activities...; failure to adequately respond to aspiration and injection of intra-articular steroids." Note from March 4, 2014 states x-rays showed "minimum medial compartment narrowing of the right and left knee." Note on September 6, 2013 states that he had physical therapy to the left knee and "he completed up to 16 sessions. He notes this provided absolutely great relief." The provided history does not have documentation of the above criteria including but not limited to bony enlargement, bony tenderness, crepitus, ESR less than 40mm/hr, less than 30 minutes morning stiffness, palpable warmth of synovium, RF less than 1:40, or documented failure to adequately respond to injection of intra-articular steroids. The request for one Synvisc one injection is not medically necessary or appropriate.