

<b>Case Number:</b>	CM14-0035940		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	01/07/2008
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Nevada. 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 records, presented for review, indicate that this 51-year-old gentleman was reportedly injured on January 7, 2008. The mechanism of injury was noted as moving a heavy desk. The most recent progress note, dated January 28, 2014, indicated that there were ongoing complaints of low back pain and knee pain. The physical examination demonstrated tenderness over the lumbar spine and pain with lumbar spine range of motion. There was a positive seated nerve root test. Examination of the knees indicated tenderness at the joint lines. There was a positive patellar compression test and crepitus with range of motion. Diagnostic imaging studies of the lumbar spine revealed 6 mm or greater medial and lateral joint spaces. Previous treatment included chiropractic care and a left knee arthroscopy for a meniscectomy and chondroplasty. A request had been made for a series of three Synvisc injections for the left knee and was not certified in the pre-authorization process on March 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc Injections on the Left Knee (series of 3): 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) -TWC Knee and Leg Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines support viscosupplementation injections for chronic moderate to severe knee osteoarthritis that has been nonresponsive to conservative treatment. Review of the available medical records documents plain radiographs with abundant medial and lateral joint spaces, which is not indicative of moderate to severe osteoarthritis. Considering this, this request for a series of three Synvisc injections for the left knee is not medically necessary.