

<b>Case Number:</b>	CM14-0039974		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/17/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 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:

The patient is a 41-year-old male who has submitted a claim for status post right knee arthroscopy with chondral debridement associated with an industrial injury date of 06/17/2013. Medical records from 08/09/2013 to 07/08/2014 were reviewed and showed that patient complained of right knee pain graded 8/10 with some clicking and grinding sensation. Physical examination revealed mild tenderness over the right knee and hamstrings. Knee flexion was 125 degrees while extension was 0 degrees with presence of crepitus in motion. Valgus-varus stress test produced joint line tenderness. Slight popliteal fullness was noted. Patellar grinding was positive. MMT of the quadriceps and hamstrings were 4+. A good balance was noted. MRI of the right knee dated 07/13/2013 revealed a horizontal oblique undersurface tear involving the posterior horn of the medial meniscus. Treatment to date has included right knee video arthroscopy, partial lateral meniscectomy, chondral debridement and chondral picking with subchondral bone penetration along intercondylar notch defect and patellar chondroplasty (10/02/2013), physical therapy, acupuncture, and pain medications. Utilization review dated 04/04/2014 denied the request for Synvisc-One injection to the right knee Qty. 1 because the claimant does not meet the criteria per ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc - one injection to right knee, qty 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, Knee and Leg Procedure Summary.

**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, Hyaluronic Acid Injections.

**Decision rationale:** California MTUS does not specifically address hyaluronic acid injections. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG states that criteria for hyaluronic acid injections include patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies after at least 3 months; failure to adequately respond to aspiration and injection of intra-articular steroid. In this case, there was documentation of improvement with physical therapy (11/25/2013 02/14/2014 & 04/25/2014) and acupuncture (04/25/2014). There was no documentation of osteoarthritis, prior aspiration and intra-articular steroid injection. The patient does not meet the criteria for hyaluronic acid injections. Therefore, the request for Synvisc - one injection to right knee, qty 1 is not medically necessary.