

<b>Case Number:</b>	CM14-0042333		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	04/26/2009
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 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 34-year-old female who sustained injury to her lower back on 04/26/2009 while she was vacuuming. Treatment history includes non-steroidal injection, physical therapy, chiropractic treatment, and medications. There is documentation that left knee MRI was done on 09/02/2009 that showed chondromalacia, most severe involving the lateral patellar facet joint. [REDACTED] evaluated her on 07/12/2013, at which time x-rays of the left knee showed that the joint spaces look normal, symmetric. There is titling of the patella but this was equal bilaterally. On examination, there was clicking and popping noted. A progress report dated 02/24/2014 showed she reported that she completed 6 sessions - the adjustments relaxed her pain a lot. Now the pain level is 7-8/10 and before the sessions she has more severe flare ups. She is doing HEP. Neck pain is 6-7-10. She would like to get knee Synvisc injections for her knee pain. On physical exam of the lower extremity, reflexes were equal and symmetric. Muscle strength was 4+/5 in the right lower extremity and 5/5 in the left lower extremity. No knee exam noted. The diagnoses were lumbago, chondromalacia patellae, pain in the joint of lower leg, and lumbar radiculopathy. It was noted that the patient has been having chronic pain and swelling in the left knee and requested Synvisc injections of 3 series for her left knee. UR dated 03/08/2014 indicates the request for drain/inject joint/bursa was non-certified because the guidelines do not support this request and the medical necessity of these injections has not been clearly demonstrated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DRAIN/INJECT JOINT/BURSA:** 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-Criteria for Hyaluronic acid or Hylan.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Hyaluronic acid injection.

**Decision rationale:** MTUS guidelines do not address the issue. Per ODG guidelines, criteria for Hyaluronic acid injections include documented severe osteoarthritis and significant symptoms of osteoarthritis that have not responded adequately to recommended conservative treatment such as exercise or pharmacologic treatments such as NSAIDs (or intolerant to these medications), and pain interferes with functional activities and failure to adequately respond to aspiration / injection of intra-articular steroids and no indication for surgery. Hyaluronic acid is not recommended for other knee conditions such as chondromalacia patella. In this case, there is no evidence of severe symptomatic knee osteoarthritis. In fact the MRI has showed chondromalacia. Furthermore, there is no documentation of knee effusion to necessitate drainage. There is no mention of plan for steroid injection. Hence, the medical necessity of the request is not established; not medically necessary and appropriate.