

<b>Case Number:</b>	CM14-0048063		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 11, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee arthroscopy on March 2, 2012; corticosteroid injection therapy; reported diagnosis of postoperative arthritis and chondromalacia; one prior set of viscosupplementation injections; and reported return to regular duty work. In a March 21, 2014 Utilization Review Report, the claims administrator denied a request for a Synvisc injection. The applicant's attorney subsequently appealed. In a March 5, 2014 progress note, the applicant reported heightened complaints of knee pain following most recent Synvisc injection of July 25, 2012. The attending provider noted that the applicant exhibited well-preserved knee range of motion from 0 to 125 degrees despite some crepitation. The applicant apparently had medial compartmental joint space narrowing, the attending provider posited. Regular duty work and repeat viscosupplementation injections were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc One Injection 48 mg/6 ml for the left knee:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, V.3, Knee Chapter, Injections section, Viscosupplementation Injections.

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Knee Chapter Viscosupplementation Injections section, viscosupplementation injections have been used for knee osteoarthritis and to treat pain after arthroscopy or meniscectomy. ACOEM recommends viscosupplementation injections in the treatment of moderate to severe knee osteoarthritis which is unsatisfactorily controlled with NSAIDs, acetaminophen, weight loss, and/or exercise strategies. In this case, the applicant reportedly has radiographically confirmed, clinically evident knee arthritis following earlier knee arthroscopy. The applicant has demonstrated functional improvement with earlier treatment as evinced by her successful return to regular work. Pursuit of repeat viscosupplementation (Synvisc) injections is therefore indicated. Therefore, the request is medically necessary.