

<b>Case Number:</b>	CM14-0067034		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/17/2008
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 54-year-old female who reported an injury on 09/17/2008. The mechanism of injury was not stated. The current diagnosis is chondromalacia patella with early osteoarthritis of bilateral knees. The injured worker was evaluated on 02/12/2014 with complaints of persistent pain in the bilateral knees. Physical examination revealed patellofemoral crepitation, negative effusion, full range of motion, and tenderness at the medial patellar facets. Treatment recommendations included a Synvisc injection in the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One right knee Synvisc One injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Hyaluronic Acid Injections.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state invasive techniques are not routinely indicated. Official Disability Guidelines state hyaluronic acid injections are indicated for patients who experience significantly symptomatic osteoarthritis and have not

responded to conservative treatment. There should be documentation of pain that interferes with functional activities and a failure to adequately respond to aspiration and injection of intra-articular steroids. As per the documentation submitted, the injured worker's physical examination does reveal crepitus with tenderness to palpation. However, there is no documentation of a failure to respond to conservative treatment, to include aspiration and injection of intra-articular steroids. Therefore, the injured worker does not meet criteria for the requested procedure. As such, the request is non-certified.