

<b>Case Number:</b>	CM14-0077162		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 64 year old male who was injured on 07/05/13 when he fell and landed on his left knee. The injured worker participated in multiple sessions of physical therapy and complained of continued knee pain. An MRI of the left knee was performed on 01/27/14 and revealed a nondisplaced transverse fracture of the inferior pole for the patella that is not completely healed. Mild thickening of the proximal patellar tendon is seen. Mild degeneration of the body of the medial meniscus is noted. A CT of the left knee dated 03/20/14 revealed evidence of an old horizontal nondisplaced fracture of the patella with no evidence of non-union. No joint effusion is seen. Progress note dated 03/26/14 notes the treating physician feels the injured worker's primary problem is chondromalacia from the injury. This note indicates an arthroscopy is discussed and notes the injured worker wishes to avoid surgery. It is stated, "[The injured worker] essentially has early arthritis of the patella." A series of Synvisc injections is suggested. Most recent clinical note dated 05/08/14 notes the injured worker continues to have knee pain with standing and walking. Examination reveals infrapatella tenderness with 1+ swelling and pain with McMurray's testing. Negative valgus and varus instability is noted. There is a positive patellar crush test. This is a request for Synvisc injections, series of three, to the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc injection series of three to the left knee.:** 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) - Treatment in Workers' Comp.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Hyaluronic acid injections.

**Decision rationale:** The request for Synvisc injections, series of three, is not recommended as medically necessary. MTUS and ACOEM do not address the use of this injection. ODG states hyaluronic acid injections are recommended for "severe osteoarthritis for [injured workers] who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement." The submitted imaging studies do not reveal evidence of severe osteoarthritis. It is not noted that a total knee replacement is considered necessary. There are no physical therapy notes submitted for review to indicate the injured worker has failed conservative treatment in the form of exercise. Criteria for the use of these injections further include; failure to adequately respond to aspiration, and injection of intra-articular steroids. Records do not indicate the injured worker suffers from effusion requiring aspiration. It is not noted that intra-articular steroid injections have been attempted. Based on the clinical information provided, medical necessity of Synvisc injections, series of three, is not established.