

<b>Case Number:</b>	CM14-0078991		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/06/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 44 year old male who reported an injury on 03/06/2013. The injury reportedly occurred while he was in a snowstorm as a ski patrolman. The surgical history was noted as a left knee arthroscopy, as well as chondroplasty of the patellar and lateral femoral condyle. Past treatment included bracing, crutches, physical therapy and medication. Diagnostics include a MRI. On 02/20/2014, the injured worker complained of pain and feeling unstable. Upon physical examination, he was noted to have a negative knee effusion, no palpable patellofemoral crepitus and no patellar instability. Medications noted were Ultracet and anti-inflammatories as needed. The rationale for the request was to help him get through the season at work. The request for authorization form was signed and submitted on 02/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee Synvisc injection x 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 (ODG), Treatment Index, 11th Edition (web) 2013, Knee & Leg, Hyaluronic acid injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee, Hyaluronic acid injections.

**Decision rationale:** The request for a left knee synvisc injection is not medically necessary. The injured worker reported pain. The Official Disability Guidelines may recommend as a possible option for patients with severe osteoarthritis and who have not responded adequately to recommended conservative treatments, patients with pain that interferes with functional activities, and documented symptomatic severe osteoarthritis of the knee. They conclude that any clinical improvement attributable to viscosupplementation is likely small and not clinically meaningful. Based on the clinical documentation, the injured worker is functioning well and responded well to conservative treatments like physical therapy. Although the injured worker reported pain, the pain was not quantified on a scale which does not support the request as it is recommended only in cases of severe osteoarthritis. Therefore, the request is not medically necessary.