

<b>Case Number:</b>	CM14-0086687		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/28/2003
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 46 year old male who reported an injury on 06/28/2003; the mechanism of injury was not provided. Diagnoses include degenerative joint disease of the medial compartment in bilateral knees, rheumatoid arthritis, and hypothyroidism. Past treatments included physical therapy. Diagnostic studies were not provided. Past surgical history included bilateral medial compartment knee replacement, dates unknown. Subjective complaints were not provided. The clinical noted dated 05/06/2014 indicated that the injured worker's left knee was symptomatic with chondromalacia of the patella that was limiting recovery. The injured worker had crepitus with active and passive range of motion, and persistent side effusion and temperature gradient to the left knee. Current medications were not provided. The treatment plan is for Synvisc to the left knee. The rationale for request was to help resolve or minimize the ongoing chondromalacia that is symptomatic involving the left knee. The request for authorization form was submitted on 05/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc 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, Hyaluronic acid injections.

**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, Hyaluronic acid injections.

**Decision rationale:** The injured worker is status post left knee replacement with documented symptomatic with chondromalacia of the patella that was limiting recovery. Official Disability Guidelines state that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. The criteria for hyaluronic acid injections include documented severe osteoarthritis of the knee, including crepitus, no palpable warmth of synovium, pain that interferes with functional activities not attributed to other forms of joint disease, or failed previous knee surgery for their arthritis. The guidelines specifically state that hyaluronic acid injections are not recommended for chondromalacia patellae. Synvisc is a hyaluronic acid injection. There are documented exam findings of chondromalacia of the patella, as well as effusion and temperature gradient to the left knee. Therefore, the request for Synvisc to the Left Knee is not medically necessary.