

<b>Case Number:</b>	CM14-0087149		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/22/2006
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 and Rehabilitation 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 injured worker is a 66 year-old female who sustained industrial injury on 12/22/06. The patient's injury occurred when she missed a step and fell forward, landing on her left knee. The patient is noted to have left knee osteoarthritis. She has responded well to a synvisc injection. The patient was seen for a possible evaluation for a total knee arthroplasty. On examination, ROM (range of motion) of her bilateral hips and knees was full. She has some medial and lateral joint tenderness on her left knee. The sensation was normal at L2-S1. Her strength of quadriceps, EHL, tibialis anterior and gastroc-soleus was 5/5. X-rays, four views of the left knee show preserved joint space in the medial and lateral patellofemoral compartments. Diagnosis: Left knee, mild-to-moderate osteoarthritis. Recommendations were to continue her visco supplementation injection. UR determination for request of Synvisc, one injection, 6 ml to the left knee was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc, one injection, 6ml 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), Criteria for 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, Hyaluronic Acid Injections.

**Decision rationale:** Per ODG guidelines, the criteria for Hyaluronic Acid Injections include; patients with symptomatic osteoarthritis who not adequately responded to recommended conservative non-pharmacologic treatments or are intolerant of these therapies after at least 3 months., documented symptomatic severe OA of the knee, pain interfering with functional activities not attributed to other forms of joint disease, failure to adequately respond to aspiration and injection of intra-articular steroids and in patients who are not a candidate for total knee replacement or who have failed previous knee surgery, repeat series of injections if documented significant improvement in symptoms for 6 months or more and symptoms recur. In this case, there is no evidence that the injured worker has met the above criteria; thus the request is not considered medically necessary.