

<b>Case Number:</b>	CM13-0061693		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/20/2009
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 41 year old male, who sustained an industrial injury on 6/20/2009. The diagnoses have included osteoarthritis, localized, primary, lower leg. Treatment to date has included surgical (right knee arthroscopy in 2010) and conservative measures. On 10/29/2013, a supplemental progress report noted medial compartment joint space narrowing on most recent right knee x-rays. Support of treatment with Synvisc was noted. A physical exam was not noted. Current medication regime was not noted. On 11/14/2013, Utilization Review non-certified a request for 1 Synvisc injection for the right knee, noting the lack of compliance with MTUS Guidelines and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE INJECTION SYNVISC RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Guideline indications for Synvisc injection include patients who experience significantly symptomatic osteoarthritis and have not responded to standard treatments, are not candidates for total knee replacement, and younger patients wanting to delay knee replacement surgery. If relief is obtained for 6-9 months and symptoms recur, it may be reasonable to repeat Synvisc. In this case, the clinical documentation does not indicate recurrence of the patient's complaints. In addition, the patient's response to the previous Synvisc injection was not documented in terms of quantity and duration of pain relief, increased functionality, and decreased medication consumption. Thus, the request for Synvisc injection is not medically necessary and appropriate.