

<b>Case Number:</b>	CM14-0128388		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	01/30/2009
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 30, 2009. In a Utilization Review Report dated July 30, 2014, the claims administrator denied a request for viscosupplementation injection. The claims administrator stated that the attending provider failed to document the applicant's response to previous injections. The claims administrator stated that its decision was based on a July 11, 2014 progress note. In a handwritten July 11, 2014 progress note, the applicant was asked to remain off of work, on total temporary disability on the grounds that modified duty work was reportedly unavailable. The applicant was having worsening knee pain complaints, including swelling, over the previous months. The applicant was trying to employ swimming and/or stationary bike. The applicant had developed knee arthritis at age 68, it was suggested, following earlier left and right knee arthroscopies. The attending provider posited that the applicant's knee symptoms have been attenuated by 85% following an earlier set of Synvisc injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc Injection to the Bilateral Knees, Series of 3 per knee (Total = 6ml 78mg):**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013 Knee & Leg Chapter, Hyaluronic Acid Injections

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, Viscosupplementation Injections

**Decision rationale:** The MTUS does not address the topic, However, the Third Edition ACOEM Guidelines do note that viscosupplementation injections are recommended for treatment of moderate-to-severe knee osteoarthritis, as is present here, Here, the applicant has apparently developed moderate-to-severe knee osteoarthritis at age 68 following earlier failed left and right knee arthroscopies, Earlier viscosupplementation injections, the attending provider posited, were successful in attenuating the applicant's pain complaints and also successful in ameliorating the applicant's ability to perform home exercises, including using a stationary bike, Moving forward with a repeat set of viscosupplementation (Synvisc) injections is, consequently, indicated, Therefore, the request is medically necessary.