

<b>Case Number:</b>	CM14-0131089		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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. 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 47 year old female with a date of injury June 25, 2012. Result of the injury include left knee, ankle, and foot. Diagnosis include osteoarthritis, left knee-status post left knee arthroscopy with meniscectomy and chondroplasty. Treatment has included pain medications and left knee hyalagan injection. Magnetic Resonance of the left knee dated November 13, 2012 revealed a bucket handle tear of the lateral meniscus. Oblique tear of the posterior horn and Oblique tear of the body and posterior horn of the medial meniscus. Progress report dated May 13, 2014 showed moderate knee effusion, bilateral knees left greater than right. There was tenderness to palpation over the medial joint line of the right knee. Work status was noted as modified duty. The treatment plan included a gym membership to help strengthen the knee and follow up. Utilization review form dated July 23, 2014 non certified Synvisc injection of the left knee due to non compliance with MTUS and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc Injection Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-6.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Hyaluronic acid injections.

**Decision rationale:** The request for Synvisc injection left knee is not medically necessary. The California MTUS/ACOEM Guidelines state that repeat aspirations of cortisone injections are optional. The Official Disability Guidelines further state that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for injured workers who have not responded adequately to recommended conservative treatment. It is recommended to potentially delay total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best. Criteria for use of a hyaluronic acid injection include injured workers who experience significant symptomatic osteoarthritis and have not responded adequately to recommended conservative nonpharmacologic and pharmacologic treatments or are intolerant to these therapies. A complete assessment of the left knee was not provided to show evidence of crepitus on active motion or absence of palpable warmth of synovium. The injured worker's functional response to previous cortisone injections was also not provided. As such, medically necessary has not been established.