

<b>Case Number:</b>	CM14-0154813		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	12/24/2009
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 56 year old female with an industrial injury dated 12/24/2009. The injured worker's diagnoses include left knee industrially incurred medial meniscus tear status post arthroscopy with post traumatic bicompartamental arthritis, right knee most severe with bone on bone medial femorotibial and moderate patellofemoral, left knee pain secondary to overcompensation for industrial injured right knee, and left knee pain and swelling secondary to right knee. Treatment consisted of diagnostic studies, prescribed medications, physical therapy, braces, injections and periodic follow up visits. In a progress note dated 09/03/2014, the injured worker reported bilateral knee pain. Right knee exam revealed slight hypertension, mid lateral patellar facet tenderness, medial joint line tenderness, lateral joint line tenderness and pain with varus standing. The treating physician prescribed services for Synvisc one for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc one for the Right Knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -Hyalgan 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 and leg-Hyaluronic acid injections.

**Decision rationale:** Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae. The documentation indicates that the patient had an injection of Synvisc in May 2014. The ODG states that repeat series of injections can be done if there is documented significant improvement in symptoms for 6 months or more. The documentation is not clear that the patient has had functional improvement for 6 months after prior injection. Additionally a document dated 5/5/14 states that the patient also has a diagnosis of chondromalacia for which injections are not indicated. The request for Synvisc is not medically necessary.