

<b>Case Number:</b>	CM14-0202373		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	09/24/2014
<b>Decision Date:</b>	04/27/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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, District of Columbia  
 Certification(s)/Specialty: Internal 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:

This 64 year old female sustained a work related injury on 09/24/2014. According to a progress report dated 10/10/2014, the injured worker complained of anterior left knee pain and lateral left knee pain. Medications included Motrin. Diagnoses included chronic neck pain and left knee joint pain. The injured worker was to return to full duty on 10/10/2014. Another progress note submitted for review and dated 10/24/2014 noted that acupuncture decreased knee pain and swelling and improved her walking standing tolerance. The employee sustained an fall on the stairs at work with impact to left knee. She has a BMI of 21.34. On examination, she had a lateral knee pain with tenderness to palpation, significant valgus deviation, mild effusion and no signs of cutaneous injury. She had negative laxity, anterior and posterior drawer sign, Lachman's test and McMurray's test. X-ray showed significant lateral joint space narrowing. The request was for Hyaluronic acid 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 Left Knee, One time a week for 3 weeks, 3 injections total:**  
 Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, 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 and leg complaints, Hyaluronic acid injections.

**Decision rationale:** The employee had left knee pain with evidence of severe osteoarthritis in her x-ray with valgus deformity. She has not responded to conservative measures including acupuncture and medications. MTUS is silent regarding Hyaluronic acid injections. Hence, ODG was consulted. According to ODG, hyaluronic acid supplements are recommended in severe knee osteoarthritis to delay total knee replacement in the setting of failed conservative measures. The employee had ongoing pain despite medications and was working full time. The request for Hyaluronic Acid Injections is medically appropriate and necessary.