

<b>Case Number:</b>	CM14-0203136		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 33-year-old male with a 6/21/11 of injury, and status post left knee arthroscopic surgery 3/15/12. At the time (10/15/14) of request for authorization for Synvisc Injection, there is documentation of subjective (pain in bilateral knees with left being far worse than the right) and objective (positive patellofemoral crepitation and positive grind on left knee, positive lateral joint line tenderness of right knee, and positive McMurray's and Apley's compression test on right) findings, current diagnoses (industrial injury to the bilateral knee, status post left knee arthroscopy, status post Synvisc multiple times, most recently on 5/21/14 to the left knee with only one month of relief, and status post Synvisc injection to the right knee multiple times, most recently on 5/21/14 with one month of relief), and treatment to date (previous Synvisc injections (with one month of relief of symptoms)). There is no documentation of significant improvement in symptoms for 6 months or more.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The MTUS does not address this issue. The ODG identifies documentation of significant improvement in symptoms for 6 months or more, and symptoms recur, as criteria necessary to support the medical necessity of repeat series of hyaluronic acid injections. Within the medical information available for review, there is documentation of diagnoses of industrial injury to the bilateral knee, status post left knee arthroscopy, status post Synvisc multiple times, most recently on 5/21/14 to the left knee with only one month of relief, and status post Synvisc injection to the right knee multiple times, most recently on 5/21/14 with one month of relief. However, despite documentation of one month of relief of symptoms with previous Synvisc injection, there is no documentation of significant improvement in symptoms for 6 months or more. Therefore, based on guidelines and a review of the evidence, the request for Synvisc Injection is not medically necessary.