

<b>Case Number:</b>	CM15-0002859		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	05/23/2006
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60-year-old male who reported an injury on 05/23/2006. The mechanism of injury was not specifically stated. The current diagnosis is lower leg pain. The injured worker presented on 12/17/2014 with complaints of 7/10 knee pain. Previous conservative treatment includes Synvisc injections and medication management. The injured worker is also status post right knee arthroscopy x2, as well as left knee arthroscopy. Upon examination, there was decreased range of motion of the bilateral knees with positive crepitus, tenderness, and radiation. Recommendations at that time included bilateral knee Synvisc injections. A Request for Authorization form was then submitted on 12/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Knees synvisc injections:** Upheld

**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 and Leg chapter

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

**Decision rationale:** The Official Disability Guidelines recommend hyaluronic acid injections for patients who experience significantly symptomatic osteoarthritis and have not responded adequately to recommended conservative treatment. In this case, there was no documentation of symptomatic severe osteoarthritis of the knee. There was no mention of a failure to adequately respond to aspiration and injection of intra-articular steroids. There was no evidence of a functional limitation. Additionally, there was no evidence of a recent attempt at conservative treatment to include exercise/physical therapy. The injured worker has been previously treated with hyaluronic acid injections. However, there was no documentation of significant functional improvement following the initial procedure. Given the above, the request is not medically appropriate.