

<b>Case Number:</b>	CM15-0004976		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 44 year old female, who sustained an industrial injury on August 19, 2013. She has reported severe pain, locking, and catching on the lateral meniscus. The diagnoses have included left knee lateral meniscus tear and status post left knee arthroscopic lateral meniscectomy with saucerization of lateral meniscus with chondroplasty and limited synovectomy performed on April 2, 2014. Treatment to date has included a left knee arthroscopic lateral meniscectomy with saucerization of lateral meniscus with chondroplasty on April 2, 2014, physical therapy, and medications. Currently the injured worker complains of mild discomfort and pain on the lateral joint line of the left knee. The Primary Treating Physician's report dated December 5, 2014, noted the injured worker with a pain rating of 4/10 since the left knee surgery in April 2014, requesting a knee injection before returning to work. The injured worker was noted to have a mildly antalgic gait with minimally swelling and the portal sites well healed. On December 18, 2014, Utilization Review non-certified a Synvisc injection of the left knee, noting there was limited documentation of signs and symptoms to suggest osteoarthritis, and no submitted imaging study showing evidence of degenerative joint disease, therefore the medical necessity of the request was not supported, citing the Official Disability Guidelines (ODG), Knee & Leg Procedure Summary, last updated October 27, 2014. On January 9, 2015, the injured worker submitted an application for IMR for review of a Synvisc injection of the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc injection for the left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg, Hyaluronic Acid Injections

**Decision rationale:** Synvisc is the viscosupplement hyaluronic acid. It is recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. Criteria include severe osteoarthritis and interference of functional activities due to pain. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. In this case documentation in the medical record does not support the diagnosis of osteoarthritis. There is no medical indication for the use of Synvisc. The request should not be authorized.