

<b>Case Number:</b>	CM15-0140620		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	05/14/2008
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 was a 67 year old female, who sustained an industrial injury, May 14, 2008. The injured worker previously received the following treatments Synvisc injection on June 12, 2015. The injured worker was diagnosed with right knee degenerative joint disease and osteoarthritis of the right knee. According to progress note of May 26, 2015, the injured worker's chief complaint was right knee pain. The injured worker noted moderate improvement of 80%. The pain level was 5 out of 10. The injured worker continued with pelvic pain and was miserable. The injured worker had an antalgic gait. The gross motor was 5 out of 5. The treatment plan included right knee Synvisc injection a repeat injection on September 30, 2015 or later.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc one injection to the right knee:** 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).

**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 (Acute & Chronic): Hyaluronic acid injections.

**Decision rationale:** The claimant sustained a work-related injury in May 2008 and is being treated for right knee pain. When seen, pain was rated at 5/10. There was an antalgic gait with normal strength. A Synvisc One injection had been performed on 03/30/15. Authorization was requested for a repeat injection in approximately September 2015. A hyaluronic acid injection is recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement. A repeat series of injections can be considered if there is a documented significant improvement in symptoms for 6 months or more and the symptoms recur. In this case, the request is being made less than two months after the injection performed in March 2015. A prospective request is not appropriate or medically necessary.