

<b>Case Number:</b>	CM15-0144130		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	12/21/2004
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 27 year old male who reported an industrial injury on 12-21-2004. His diagnoses, and or impression, were noted to include: patellar bone bruise with mild pat-fem articular cartilage damage in the right knee; and anterior knee pain aggravation. No current imaging studies were noted. His treatments were noted to include diagnostic x-rays; brace; physical therapy; activity modification; medication management; and a return to regular work duties. The progress notes of 7-7-2015 reported no change in symptoms. Objective findings were noted to include mild patellofemoral crepitus with positive patellar grind test and stable to anterior-posterior, varus and valgus stress testing; tenderness to the medial and lateral facets; decreased pedal pulses; and decreased motor strength in the quadriceps and hamstrings. The physician's requests for treatments were noted to include a Synvisc injection to the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc one injection with ultrasound guidance viscosupplementation for 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), Knee and Leg Procedure Summary.

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

**Decision rationale:** The MTUS does not include recommendations regarding use of hyaluronic acid injections, and therefore the ODG guidelines provide the preferred mechanism for assessment of medical necessity in this case. Documented history also mentions consideration of steroid injections. The ODG criteria for hyaluronic acid injections include significant symptomatic osteoarthritis without adequate response to recommended conservative treatment (exercise, etc.) and pharmacologic treatments or intolerance to these therapies after at least three months. The criteria also include pain interfering with functional activity and failure to respond to steroid injections. In this case, within the limitations of the provided medical records, there is insufficient evidence to support the medical necessity of the treatment request for hyaluronic acid injections as steroid injection is also being considered. It is also unclear as to why guided injection is indicated as opposed to simple injection. The request is not medically necessary.