

<b>Case Number:</b>	CM15-0183449		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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, Pain Management, 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:

The injured worker is a 67 year old male, who sustained an industrial injury on 2-15-12. The injured worker is being treated for left shoulder status post prior arthroscopic labral bicipital and subscapularis debridement, chondroplasty of the glenoid, subacromial decompression and PASTA rotator cuff repair, right shoulder status post arthroscopic labral and bicipital debridement, subacromial decompression and rotator cuff repair, bilateral carpal tunnel syndrome, lumbosacral strain-arthrosis, status post bilateral knee arthroscopies with degenerative arthrosis and ongoing probable medial meniscal tears and psychiatric diagnoses. Treatment to date has included 24 physical therapy sessions, depo-medrol injections to right knee, oral medications including Norco and Naproxen and activity modifications. On 7-23-15, the injured worker complains of right knee pain; he is still getting about 50% relief from left knee injection given at last visit and on 8-13-15 he complained of right knee pain which had only about 20% relief following depo Medrol injection at last visit and feels his shoulders are doing fairly well. Physical exam performed on 7-23-15 revealed no right knee effusion, diffuse pain with flexion and tenderness diffusely and physical exam performed on 8-13-15 revealed right knee small effusion and full painful diffuse extension. The treatment plan called for a Synvisc 1 injection for the right knee. On 9-11-15 request for 1 Synvisc injection to right knee was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee synvisc injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; [www.odg-twc.com](http://www.odg-twc.com); Section: Knee & Leg (Acute & Chronic) (updated 7/10/2015).

**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:** ODG states that Synvisc injections are a reasonable treatment option for severe osteoarthritis of the knee, which has failed conservative treatment options. The patient has received corticosteroid injections as well as physical therapy. The patient is also diagnosed with tricompartmental osteoarthritis. The Synvisc injection adheres to evidence-based guidelines and is medically necessary.