

<b>Case Number:</b>	CM15-0186535		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	07/11/2014
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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 is a 54 year old female, who sustained an industrial injury on 7-11-14. The injured worker was diagnosed as having osteoarthritis. Medical records (4-7-15 through 5-6-15) indicated that the injured worker is working and has 8 out of 10 pain in her left knee. The physical exam on 7-27-15 revealed mild swelling in the left knee and no evidence of infection. Treatment to date has included a left knee arthroscopy with meniscectomy on 7-22-2015, physical therapy started on 7-28-15, Aleve, Hydrocodone and Naproxen. As of the PR2 dated 8-24-15, the injured worker reports significant pain in the knee. Objective findings include full motion, mild atrophy, no effusion and a well-healed incision. The treating physician requested a Synvisc injection to the left knee. The Utilization Review dated 9-3-15, non-certified the request for a Synvisc injection to the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) Synvisc injection to the left 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), Criteria for Hyaluronic acid injections.

**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 injury in July 2014 when she slipped and fell on her left knee. She has chondromalacia and a medial meniscus tear and underwent an arthroscopic partial meniscectomy with osteoplasty on 07/22/15. On 07/27/15, she was having minimal discomfort. She was taking minimal pain medications. There was mild swelling. When seen, she had completed physical therapy. She was having significant pain. Physical examination findings included full range of motion without a joint effusion. There was mild atrophy. The assessment references persistent pain likely related to underlying degenerative changes. Authorization for a viscosupplementation injection was requested. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. Criteria include an inadequate response or intolerance of conservative treatments after at least 3 months and documented symptomatic severe osteoarthritis of the knee. In this case, there is no diagnosis of severe osteoarthritis by either x-ray or fulfilling the ACR criteria. When requested, the claimant was just two months status post surgery. A viscosupplementation injection is not medically necessary.