

<b>Case Number:</b>	CM15-0189533		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	11/06/2013
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old male, who sustained an industrial injury on 11-6-2013. He has reported subsequent right knee pain and was diagnosed with status post right knee injury with whole-thickness cartilaginous injury, status post lateral meniscus repair. MRI on 1-23-2014 was of the right knee was noted to show a lateral meniscus tear and a full-thickness cartilaginous defect in the central femoral trochlea. Treatment to date has included pain medication, physical therapy and surgery which were noted to have failed to significantly relieve the pain. A progress note dated 06-08-2015 showed that the injured worker reported 3 out of 10 right knee pain. Objective findings were notable for an antalgic gait. The physician noted that Synvisc injection had been requested and denied. In a progress note dated 08-21-2015, the injured worker reported continued right knee pain that increased with prolonged weight bearing and walking. The severity of pain was not documented. The injured worker was noted to continue with a home exercise program which can exacerbate his knee and low back pain. Objective examination findings were within normal limits. The physician noted that the injured worker was a candidate for a Synvisc one injection which had previously been denied with the rationale that [REDACTED] is not part of the MPN. Work status was documented as "the patient should be restricted from bending, squatting, carrying objects over 15 lbs and climbing up and down stairs." A request for authorization of right knee Synvisc one injection was submitted. As per the 09-03-2015 utilization review, the request for Synvisc injection was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee Synvisc one injection:** 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 Chapter, 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 / Hyaluronic Acid Injection.

**Decision rationale:** Official Disability Guidelines/Treatment in Workers Compensation/Knee discusses hyaluronic acid injections. This guideline states "A series of 3-5 intraarticular injections of hyaluronic acid, or 3 injections of Hyalin, or 1 of Synvisc-1 in the target knee with an interval of one week between injections is indicated for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacological and pharmacological treatments, or are intolerant of these therapies." The guidelines also recommend this treatment for patients who are not candidates for total knee replacements or have failed prior surgery or for younger patients wishing to delay total knee replacement. In this case, neither the initial records nor appeal clearly provide data to support the diagnosis of osteoarthritis. The records discuss post-traumatic meniscus/cartilage injuries but do not clearly document osteoarthritis. Therefore treatment guidelines for this request have not been met; this request is not medically necessary.