

<b>Case Number:</b>	CM15-0032055		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	06/10/2009
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: California

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 45 year old male, who sustained an industrial injury on June 10, 2009. The injured worker was diagnosed as having left knee ligament sprain and ligament reconstruction, partial meniscectomy and chondroplasty. Treatment to date has included surgery therapy. A progress note dated December 17, 2014 provides the injured worker complains of left knee flare up since kneeling for 30 minutes on the ground a month ago. He rates the pain 7-8 out of 10. He reports frequent popping of the knee. Physical exam notes ambulation with a limp, decreased range of motion (ROM), tenderness to palpation and positive McMurray's of the left knee. The plan includes medication and synvisc injection. A progress report states that arthroscopic findings revealed arthritis in the patient's knee. The note indicates that there is grade 4 chondromalacia present. The note indicates that the patient has quadriceps atrophy, limited range of motion, and crepitus upon range of motion testing. The patient is also noted to have a positive McMurrays sign.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc One injection for left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 injections.

**Decision rationale:** Regarding the request for Synvisc One injections, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Guidelines go on to state that the injections are generally performed without fluoroscopic or ultrasound guidance. Within the documentation available for review, there is no documentation of failure of conservative management including aspiration and injection of intra-articular steroids. In the absence of such documentation, the currently requested Synvisc One injections are not medically necessary.