

<b>Case Number:</b>	CM15-0037136		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	08/23/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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 50 year old male, who sustained an industrial injury on August 23, 2012. The injured worker had reported a left knee injury. The diagnoses have included contusion of the left knee, left lateral meniscus tear of the knee, lower leg osteoarthritis, sciatica and muscle/ligament disease. Treatment to date has included medications, radiological studies, Synvisc Injections, knee brace, physical therapy, a home exercise program and a left knee arthroscopy. The documentation notes that the injured worker had been treated with Synvisc Injections to the left knee in the past, which provided some relief. Current documentation dated February 17, 2015 notes that the injured worker reported continued left knee pain. Physical examination of the left knee revealed a trace effusion and pain to palpation of the lateral joint line. The knee was stable to varus and valgus stress. The treating physician's plan of care included a request for one Synvisc Injection with ultrasound guidance.

### 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:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee 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.

**Decision rationale:** The MTUS is silent regarding the use of hyaluronic acid, according to the ODG criteria for hyaluronic acid injections are as follows. Patients experiencing significant symptomatic osteoarthritis but have not responded adequately to conservative treatment after at least 3 months. Documented symptomatic severe arthritis of the knee, which may include the following: bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, and over the age of 50. Generally performed without fluoroscopic or ultrasound guidance. In this case the documentation doesn't describe the functional benefit or quantifiable pain relief from previous injections of synvisc. Furthermore the ODG doesn't recommend use of US guidance which is being requested. The additional use of synvisc with US guidance is not medically necessary.