

<b>Case Number:</b>	CM15-0050397		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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

### 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 female, who sustained an industrial injury on 9/18/2013. She reported injury due to a motor vehicle accident. The injured worker was diagnosed as status post right knee arthroscopy and lumbar discopathy. Recent knee x ray was unremarkable. Treatment to date has included right knee arthroscopy, right knee drainage, steroid injections, physical therapy, electrical stimulation, ice and medication management. Currently, the injured worker complains of right knee pain and low back pain. In a progress note dated 1/27/2015, the treating physician is requesting a series of 3 Synvisc injections to the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc injections series of 3, Dosage: 2 units per injection, for the right 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), Knee and Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines knee and leg chapter, Criteria for Hyaluronic acid injections.

**Decision rationale:** This patient presents with the right knee pain with sleeping difficulty. The request is for Synvisc injections series of 3, Dosage: 2 units per injection, for the right knee on 02/25/15. The patient is currently working light duty per 01/27/15 report. ODG guideline, knee and leg chapter, on Synvisc states that "Criteria for Hyaluronic acid injections: "Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months." Per 01/27/15 report, the pain level is at 6/10 and the patient underwent right knee arthroscopy on 10/15/14. X-rays of the right knee dated 01/27/15 showed "essentially within normal limits." In this case, there is no documentation that this patient presents with "severe arthritis" of the knee to qualify or benefit from Synvisc injection. The request is not medically necessary.