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| <b>Case Number:</b>   | CM15-0052680 |                              |            |
| <b>Date Assigned:</b> | 03/26/2015   | <b>Date of Injury:</b>       | 10/09/2010 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 02/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/19/2015 |

### 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: Family Practice

### 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 52 year old female who sustained an industrial injury on October 9, 2010. The injured worker underwent a left knee arthroscopic partial medial meniscectomy, medial femoral condyle chondroplasty and micro-fracture on May 15, 2013, and a right knee arthroscopic medial meniscus repair, debridement, chondroplasty, medial femoral condyle and patella chondroplasty on November 5, 2014. Treatment to date has included post-operative physical therapy and medications. The injured worker is diagnosed with unspecified internal derangement of the knee. According to the primary treating physician's progress report on February 5, 2015, the injured worker continues to experience increased left knee pain due to favoring it. The right knee is improving after surgery and physical therapy. Examination of the left knee demonstrated crepitus at the patellofemoral joint with range of motion. There was no evidence of instability. Examination of the right knee noted crepitus at the patellofemoral joint with range of motion and increased tenderness to palpation along the anterior knee. There was no evidence of instability. Current medications were not listed. Treatment plan consists of continued physical therapy to the right knee and the requested authorization for Synvisc-One injection for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc Injection 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, hyaluronic acid injections.

**Decision rationale:** This patient had a work-related injury on 10/09/2010. The patient has received treatment for chronic right knee pain. The diagnoses are chondromalacia patella and meniscus injury with arthroscopic surgery. The treatment guidelines recommend hyaluronic acid injections if, after 3 months of conservative care, the pain of osteoarthritis of the knee fails to improve. The patient's knee exam reveals crepitus about the kneecap. This is consistent with chondromalacia. Osteoarthritis of the knee is not documented. Synvisc injection is not medically necessary for this patient.