

<b>Case Number:</b>	CM15-0060562		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	06/15/2012
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: New Jersey, New York  
 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 65-year-old female, who sustained a work/ industrial injury on 6/15/12. She has reported initial symptoms of pain in the both knees. The injured worker was diagnosed as having joint derangement, knee point crepitus, synovitis/tenosynovitis, plica syndrome. Treatments to date included medication, diagnostics, orthopedic consultation, steroid injections, surgery (left knee arthroscopy with repair), and physical therapy. Currently, the injured worker complains of left knee pain that worsens with prolonged standing and walking. The treating physician noted mild tenderness with palpation. Treatment plan included Synvisc Suparts injection to the left knee series of 3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc suparts injection to the left knee series of 3: 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), 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 & Leg (acute & chronic), hyaluronic acid injections.

**Decision rationale:** The request for Synvisc is not medically necessary. ODG guidelines were used as MTUS does not address this request. Synvisc may be beneficial for severe osteoarthritis for patients who have not responded to conservative treatment. It is not a cure, but provides comfort and functional improvement to temporarily avoid knee replacement. The chart does not document that she has failed conservative therapy, which is criteria for a trial for viscosupplementation. There was not enough documentation to support the diagnosis of severe symptomatic osteoarthritis of the knee according to the guidelines. The chart also doesn't state that she is not a candidate for knee replacement. Therefore, Synvisc is not medically necessary at this time.