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| <b>Case Number:</b>   | CM15-0080970 |                              |            |
| <b>Date Assigned:</b> | 05/01/2015   | <b>Date of Injury:</b>       | 09/05/2012 |
| <b>Decision Date:</b> | 06/01/2015   | <b>UR Denial Date:</b>       | 04/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/27/2015 |

### 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: Massachusetts

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 56-year-old female with an industrial injury dated 9/05/2012. The injured worker's diagnoses include status post right lateral meniscectomy with residual pain and possible re-tear injury and narrowing of the lateral compartment of the right knee. Treatment consisted of diagnostic studies, prescribed medications, synvisc injection and periodic follow up visits. In a progress note dated 3/20/2015, the injured worker reported flare-up of right knee pain. Right knee exam revealed decrease extension, tenderness at medial joint line and positive McMurray's sign. The treating physician prescribed services for synvisc injection with an orthopedic specialist for right knee now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc injection with an orthopedic specialist, right knee Qty: 1: 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 & Leg, 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 claimant sustained a work injury in September 2012 and continues to be treated for right knee pain. Treatments have included viscosupplementation injections in January and September 2014 with reported benefit including decreased narcotic medication use. There had been a flare up of symptoms over the previous month while at work. She was taking Norco up to three times per day. Physical examination findings included joint line tenderness with decreased knee extension strength and positive McMurray test. Hyaluronic acid injections are recommended as a possible option for osteoarthritis for patients who have not responded adequately to recommended conservative treatments. In this case, when requested, the claimant's symptoms had been present for less than one month. Without an adequate trial of conservative treatment, this request for a repeat series of injections cannot be considered medically necessary.