

<b>Case Number:</b>	CM15-0082175		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	10/09/2010
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: Texas, Florida  
 Certification(s)/Specialty: Anesthesiology, 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 53-year-old female, who sustained an industrial injury on 10/09/2010. The initial complaints or symptoms included right knee pain/injury. The injured worker was diagnosed as having right meniscal tear. Treatment to date has included conservative care, medications, conservative therapies, and bilateral knee surgeries. Currently, the injured worker complains of continued increasing pain in both knees with the left greater than the right, and left ankle pain. The injured worker reported that she had undergone Synvisc injection to the ankle with good relief from pain. The diagnoses include right knee patellofemoral chondromalacia and degenerative disease, left knee patellofemoral chondromalacia and degenerative disease, status post right knee arthroscopy with partial meniscectomy, medial femoral condyle and patella (11/05/2014), and status post left knee arthroscopy with partial meniscectomy, medial femoral condyle chondroplasty, and micro fracture (05/15/2013). The request for authorization included Synvisc injections to both knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc injection to the right knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Knee and Leg Chapter - Hyaluronic acid injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Knee.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that interventional pain injection scan be utilized for the treatment of severe musculoskeletal pain when conservative treatments with medications and PT have failed. The records show that the patient had subjective, objective and radiological findings consistent with a diagnosis of severe knee arthritis. The patient had failed treatment with medications, PT and knee surgeries. There is documentation of significant pain relief following previous Synvisc injection. The criteria for Synvisc injection to the right knee were medically necessary.

**Synvisc injection to the left knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Knee and Leg Chapter - Hyaluronic acid injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Knee.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that interventional pain injection scan be utilized for the treatment of severe musculoskeletal pain when conservative treatments with medications and PT have failed. The records show that the patient had subjective, objective and radiological findings consistent with a diagnosis of severe knee arthritis. The patient had failed treatment with medications, PT and knee surgeries. There is documentation of significant pain relief following previous Synvisc injection. The criteria for Synvisc injection to the left knee were medically necessary.