

<b>Case Number:</b>	CM15-0087550		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	05/19/2008
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 74 year old male, who sustained an industrial injury on 05/19/2008. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having left knee patellofemoral pain syndrome, internal derangement of the left knee, and left knee degenerative joint disease. Treatment and diagnostics to date has included computed tomography arthrogram of the left knee and medications. In a progress note dated 04/14/2015, the injured worker presented with complaints of moderate to severe pain in the left knee. Objective findings include positive medial joint line tenderness. The treating physician reported requesting authorization for Synvisc injection to the left knee and stated that if this fails to relieve his symptoms, he will be indicated for arthroscopy and debridement.

### 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:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**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 chapter, Hyaluronic acid injections.

**Decision rationale:** Synvisc injection left knee is not medically necessary per the ODG guidelines. The MTUS does not specifically address Synvisc injections. The ODG states that the patient must 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. The documentation does not reveal complete criteria of documented symptomatic severe osteoarthritis of the knee .There are no actual imaging studies of the knee submitted in the documentation. The current request is not supported per the Official Disability Guidelines and therefore Synvisc injection of the left knee is not medically necessary.