

<b>Case Number:</b>	CM14-0117089		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/22/2005
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 58 y/o female who has persistent knee pain subsequent to an injury dated 11/22/05. She has been treated with a prior arthroscopy and has had a recent course of physical therapy. Her knee pain is persistent and is increasing over time. MRI studies have revealed an advanced 3 compartmental degenerative joint disease in the knee. There is no reported trial(s) of steroid injections prior to the request for the Synvisc injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc-One 48mg/6ml intra articular syringe 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, 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, Hyaluronic injections. Other Medical Treatment Guideline or Medical Evidence:

[https://www.optumrx.com/rxsol/live/PAGDocs/Guideline\\_5765.pdf](https://www.optumrx.com/rxsol/live/PAGDocs/Guideline_5765.pdf)  
[http://www.aetna.com/cpb/medical/data/100\\_199/0179.html](http://www.aetna.com/cpb/medical/data/100_199/0179.html)

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines directly address this issue and do not recommend Hyaluronic injections unless steroid injection(s) have been trialed and failed and/or there is a contraindication to steroids. This recommendation is consistent with treatment standards recommended by several insurers. There are no unusual circumstances that would justify an exception to Guidelines. The request for the Synvisc-One 48mg/6ml is not medically necessary.