

<b>Case Number:</b>	CM14-0130933		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	02/02/2007
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Family 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:

58 year old female had a date of injury on 2/2/2007. According to medical records patient injured her left knee and lumbar spine after an electric walker ran into her knee. Diagnosis include ligament disruption, knee/leg sprain, lower leg joint pain and osteoarthritis of the left knee. Treatment has included arthroscopic meniscectomy of the left knee, Euflexxa injections of the left knee. On the most recent treating physician progress note dated 4/7/14 it is stated that the left knee is responding well to Synvisc from December and the plan was to consider repeat viscosupplementation series in June if she obtains a full 6 month benefit from recent Synvisc.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc-supplementation injections, times three (3) for the left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014 web-based edition; California MTUS guidelines, web-based edition ([http://www.dir.ca.gov/tB/ch4\\_5sb1aS\\_5\\_2.html](http://www.dir.ca.gov/tB/ch4_5sb1aS_5_2.html))

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 337-339.

**Decision rationale:** According to guidelines it states treatment for knee complaints include acetaminophen, NSAIDs, specific knee exercises. There is no recommendation for Synvisc knee injections. There is no mention in the medical records that specific therapy has been tried for the patient's knee complaints.