

<b>Case Number:</b>	CM14-0092060		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/29/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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:

The independent medical review report request was signed on June 18, 2014. It was for left knee synvisc one injection. The date of injury was June 29, 2012. Per the records provided, the patient came in for evaluation due to bilateral knee playing pain, bilateral knee weakness, and lower back pain. The patient had an antalgic gait on both sides. The patient uses a cane. There was bilateral medial and lateral joint line tenderness. There was tenderness over the patellofemoral joint bilateral knees. The patient was given a clinical impression and diagnosis of status post bilateral knee scoped surgery with chondromalacia. There was no x-ray evidence confirming osteoarthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Synvisc One Injection:** 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 (updated 03/31/14) 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, under Hyalgan/Synvisc Knee Injections.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) is silent on these injections. The Official Disability Guidelines (ODG) note these injections are recommended as an option for osteoarthritis. They note that patients with moderate to severe pain associated with knee osteoarthritis Osteoarthritis that is not responding to oral therapy can be treated with intra-articular injections. The injections are for those who experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications). This patient however has no documentation of osteoarthritis, which is the specific condition that evidence-based studies have shown the injections are helpful for. The request is not medically necessary and appropriate.