

<b>Case Number:</b>	CM14-0098634		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	12/30/2009
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 injured worker is a 47 year old male who sustained an injury to his right knee on 12/30/09 when he stepped down and pivoted the right knee, which caused immediate pain. The records indicate that the injured worker underwent right knee diagnostic arthroscopy, partial meniscal resection, partial lateral meniscal resection and chondroplasty of the lateral femoral condyle with synovectomy involving the medial/lateral compartments of the knee on 10/26/13. Clinical note dated 06/17/14 reported that the patient reported recurrent symptoms. Physical examination noted weakness over the quad muscle with range of motion 0 to 110 degrees; positive medial and lateral joint line tenderness. The records indicate that the patient has been authorized for at least twenty postoperative physical therapy visits to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc Injections (x3) for the Right Knee:** 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 and leg chapter, Hyaluronic acid injections

**Decision rationale:** Previous request was denied on the basis that he did not have documented symptomatic severe osteoarthritis of the right knee and has not failed other treatments for arthritis. Although the injured worker has current pain following arthroscopy, this may be more related to his anterior cruciate ligament tear than lateral compartment chondromalacia noted in the records. It was highly unlikely that Synvisc would provide any benefit to this injured worker, as his symptoms of pain may be caused by his chronic ACL tear. The Official Disability Guidelines state that while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis desiccans or patellofemoral syndrome (patellar knee pain). There was no indication that the injured worker failed to adequately respond to aspiration and injection of intraarticular steroids. There was no indication that the injured worker was not currently a candidate for total knee replacement. Given this, the request for three Synvisc injections to the right knee is not indicated as medically necessary.