

<b>Case Number:</b>	CM15-0010055		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	05/29/2014
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 male who sustained an industrial related injury on 5/29/14 after a trip and fall accident. The injured worker had complaints of low back pain and right knee pain. Treatment included the use of a back brace and right knee surgery on 9/24/14. Prescriptions included Flexeril. The treating physician requested authorization for synvisc injections for the right knee. On 1/12/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted chondromalacia patella, patellofemoral osteoarthritis and patellofemoral syndrome are not indications for viscosupplementation. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc injection to 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 and Leg

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee, Hyaluronic acid injections

**Decision rationale:** The patient had a meniscectomy prior to the injury and has chondromalacia. There is no swelling and warmth of the knee. ODG notes that severe osteoarthritis of the knee that has not responded to NSAIDS and activity modification is an indication for Synvisc. Severe osteoarthritis is not documented. The patient does not meet criteria.