

<b>Case Number:</b>	CM15-0011431		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: North Carolina  
Certification(s)/Specialty: Family Practice

### 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 62 year old female, who sustained an industrial injury on 6/8/2012. The current diagnosis is pain in lower leg joint. Currently, the injured worker complains of constant left knee pain. The pain is rated 9.5/10. Current medications are Norco. Treatment to date has included medications and activity modification. The treating physician is requesting series of 3 Synvisc injection of the left knee, which is now under review. On 1/20/2015, Utilization Review had non-certified a request for series of 3 Synvisc injection of the left knee. The Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of Synvisc injection of the left knee, QTY: 3: 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, Hyaluronic acid injections

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

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. Per the ODG section on leg and knee and hyaluronic acid injections, criteria for injections include patients who experience significantly symptomatic osteoarthritis without adequate response to conservative non-pharmacological and pharmacological treatments, documented symptomatic severe osteoarthritis of the knee, pain interferes with functional activities, failure to respond to aspiration and injection of intra-articular steroids, not candidates for total knee replacements and not indicated for any other indications. The patient has the diagnosis of patellofemoral arthritis which is not an indication as set forth above per the OPDG guidelines. Therefore the request is not certified.