

<b>Case Number:</b>	CM15-0112847		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	03/09/1992
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 63 year old male who sustained a work related injury March 9, 1992. According to a comprehensive orthopedic evaluation, dated April 15, 2015, the injured worker presented with complaints he is unable to play tennis and other activities, although he was able to walk around Europe recently, without any great difficulty. The physician ordered x-rays of the right leg in the clinic which he read as revealing metallic staple in the proximal medial tibia of the right knee with moderate narrowing of the joint space and flattening medial and lateral compartments. Examination revealed 10-120 degrees of motion compared to 0-140 on the left, some tenderness along the medial and lateral joint lines of a mild degree, and symmetrical motion and stability of the hips and ankles. Impression is documented as right knee post constructive procedure. Diagnosis is documented as osteoarthritis. Treatment plan included administration of a Synvisc injection. At issue, is a request for authorization form dated May 15, 2015, with a diagnosis of medial and lateral compartment osteoarthritis right knee, and requests authorization for Synvisc, one injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee synvisc one injection x 1: 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 Chapter, Hyaluronic acid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines, Knee & Leg (Acute & Chronic), Hyaluronic acid injections.

**Decision rationale:** The Official Disability Guidelines contain numerous criteria which must be met prior to recommending hyaluronic acid injections to the knee. The primary consideration, and the only diagnosis for which injections are recommended by the ODG, is a diagnosis of osteoarthritis of the knee. In addition, the ODG requires the patient to be suffering from knee pain and to satisfy at least 5 of 9 other criteria as well. The medical record does not contain the necessary documentation to enable recommendation of hyaluronic acid injections to the knee. Right knee synvisc one injection x 1 is not medically necessary.