

<b>Case Number:</b>	CM15-0114435		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Arizona, California  
 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:

This is a 54 year old female with a September 6, 2012 date of injury. A progress note dated April 30, 2015 documents subjective complaints (increased left knee pain), objective findings (small left knee effusion; small flexion contracture; most of the pain is medially with maximal flexion), and current diagnoses (left knee status post arthroscopic partial medial meniscectomy with probable chondroplasties and/or other procedures). Treatments to date have included a gym membership, medications, Synvisc injections, knee bracing, use of a cane, and imaging studies. The medical record indicates that Synvisc injections decrease the knee pain. The treating physician documented a plan of care that included a Synvisc injection of the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc injection for the left knee:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - knee chapter.

**Decision rationale:** According to the guidelines, Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium;(7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm<sup>3</sup>). In this case, the claimant had received a prior injection 6 months ago . The claimant had significant lasting improvement. The clinical exam does not necessitate evaluation of ESR or rheumatoid factor. There is pain, effusion and contracture. Prior meniscal tears can accelerate arthritis. The request for another Synvisc injection is appropriate and medically necessary.