

<b>Case Number:</b>	CM15-0120193		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	03/06/2011
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 43 year old male, who sustained an industrial injury on 03/06/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having right knee and lumbar spine industrial injury, status post Synvisc injection to the bilateral knees, status post right knee arthroscopy, right knee meniscus tear and chondromalacia of the patellofemoral joint, and chondromalacia of the medial femoral condyle and the patellofemoral compartment of the left knee. Treatment and diagnostic studies to date have included Synvisc One viscosupplementation, medication regimen, status post left knee arthroscopy, and use of ice. In a progress note dated 05/19/2015 the treating physician reports that the injured worker contacted the physician with complaints of achiness, stiffness, pain, swelling, locking, and buckling of the left knee. In a progress noted from 11/18/2014 the treating physician noted patellofemoral crepitation of the right knee, a positive grind, and tenderness along the medial joint line on examination. The left knee was remarkable for patellofemoral crepitation, positive grind, pain with deep squat, and tenderness to the medial joint line. The treating physician requested Synvisc one injection for the left knee noting excellent relief from previous injection that lasted six months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc one 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), 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:** Regarding the request for repeat viscosupplementation, neither the CA MTUS nor the ACOEM Practice Guidelines provide guidelines regarding the use of hyaluronic acid injections. The ODG state the following regarding repeat hyaluronic acid injections: "Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence." Within the documentation available for review, there is documentation of prior viscosupplementation on 11/18/2014. A progress note in May 2015 documented 6 months of benefit. There is documentation of failure of NSAIDs, topical medicines, knee steroid injections. The note does document functional improvement, but the specifics of this are not provided. However, it should be noted that the ODG do not require a certain threshold of improvement in function, but rather symptom improvement for a repeat injection to be considered. Given this clinical picture, this request is appropriate.