

<b>Case Number:</b>	CM15-0025868		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	08/01/2002
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58-year-old male who sustained an industrial injury on 8/1/02. The injured worker reported symptoms in the back and lower extremities. The diagnoses included status post three arthroscopies of the left knee, chondromalacia of the patella, groin strain and lumbar strain. Treatments to date include left knee surgery, lower back epidural steroid injections, and oral pain medications. In a progress note dated 11/14/14 the treating provider reports the injured worker was with pain in the left knee that "hurts with weight bearing associated with a tingling sensation in the left foot, left hip pain, lower back pain with some radiation of lower back pain into the buttocks." On 2/2/18 Utilization Review non-certified, the request for Synvisc injections for left knee (1x3). The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc injections for left knee (1x3): 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 Chapter, Injections.

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

**Decision rationale:** The patient presents with left knee pain. The current request is for Synvisc injections for left knee (1 x 3). The treating physician states the patient has painful flexion past 95 degrees. He has no ligamentous instability. There is lateral medial joint line tenderness and no effusion of the knee. The ODG guidelines state that Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. In this case, according to the utilization review the treating physician has noted patellofemoral arthrosis and chondromalacia on 1/15/15, which is not included in the documentation provided for review. Visco supplementation is not indicated for patellofemoral disease. The current request is not medically necessary and the recommendation is for denial.