

<b>Case Number:</b>	CM15-0098958		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	05/06/2012
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Massachusetts

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 68 year old male, who sustained an industrial injury on 5/06/2012, while employed as a probation officer. He reported a fall from a defective chair, landing on his right knee. The injured worker was diagnosed as having right knee internal derangement with degenerative joint disease. Treatment to date has included diagnostics, transcutaneous electrical nerve stimulation unit, Synvisc injections, arthroscopic right knee surgery with subsequent arthroplasty in 4/2014, physical therapy, and medications. Currently (3/30/2015), the injured worker complains of frequent pain in the right knee, rated 7/10. He reported difficulty sleeping due to pain. His height was 6'0" and weight was 240 pounds. He walked with a limp, favoring his right side. Exam of the right knee noted a well healed incision, pain with terminal flexion, no evidence of instability, and normal strength. He was retired. His current medication regimen was not noted. The treatment plan included a series of three Synvisc injections to the right knee (6 units, 2 units per injection). A secondary treating physician report (12/11/2014) noted previous treatment consisting of Synvisc injections, which did not significantly relieve knee symptoms. The Agreed Medical Evaluation (4/28/2015) noted that he received 5 visco-supplementation injections, with no benefit noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc injections; series of three (3), 6 units 2 units per injection, right knee: 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic): Hyaluronic acid injections.

**Decision rationale:** The claimant sustained a work injury in May 2012 and continues to be treated for right knee pain. He underwent a right total knee replacement on 04/25/14. He had postoperative physical therapy. When requested, he was having frequent knee pain rated at 7/10. He was having difficulty sleeping. He was ambulating with a limp. There was no knee instability. There was a well healed surgical scar consistent with his history of knee replacement surgery. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. There is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). In this case, the claimant has undergone a total knee replacement. There is no knee joint present. Therefore, the requested series of injections is not appropriate. Therefore, the requested treatment is not medically necessary.