

<b>Case Number:</b>	CM13-0035441		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	05/15/2006
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 67-year-old female who reported a work related injury on 05/15/2006, specific mechanism of injury as the result of cumulative trauma. The patient subsequently presents for treatment of the following diagnoses, lumbosacral sprain, total knee replacement to the right knee, left knee meniscal tear degeneration, metatarsophalangeal joint disease of the bilateral wrists, history of fracture to the left small finger, status post fusion of distal joints, right thumb, right index, and middle finger, and impingement syndrome right shoulder possible tear. The clinical note dated 10/28/2013 reports the patient was seen under the care of [REDACTED]. The provider documented the patient reported extreme pain to the left knee with swelling, popping, and increased pain which causes her blood pressure to increase. The provider documents upon physical exam of the patient's left knee, marked limited range of motion, swelling, and tenderness as well as inability to ambulate were noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc injections to the left knee times 3 over one month:** 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), Treatment Index, 11th Edition (web), 2013, Knee and Leg - Hyaluronic acid injections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 339.

**Decision rationale:** The current request is not supported. The patient presents with shoulder and bilateral knee pain complaints. Additionally, as the patient presents multiple years status post her original work related injury, it is unclear the efficacy of previous injections for the patient's pain complaints. California MTUS/ACOEM Guidelines indicate invasive techniques such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections are not routinely indicated. Other clinical notes document the patient was recommended to undergo hyaluronic injections; however, this was not supported as the clinical notes failed to provide evidence of independent imaging studies of the patient's left knee indicative of significant osteoarthritis as recommended per Official Disability Guidelines criteria for hyaluronic treatment. Given all of the above, the request for Synvisc injections to the left knee times 3 over one month is not medically necessary or appropriate.