

<b>Case Number:</b>	CM13-0036554		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	10/31/2010
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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. The expert reviewer is Board Certified in Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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/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 51-year old female firefighter who sustained injuries to both knees at work on 10/31/2010. She has been diagnosed with knee osteoarthritis, and as of August 29, 2013, the patient was still having pain in the right knee with swelling, trouble kneeling, squatting, being able to crawl through fires, do CPR (cardiopulmonary resuscitation), along with having pain on using the treadmill or going uphill; however, going downhill hurt the most. On exam, there was restricted range of motion with flexion as well as tenderness over the lateral and medial joint lines of both knees. There is no documentation of studies to define her underlying pathology. Diagnosis was knee pain. She is still working fulltime as a firefighter, and she received relief from injections of Synvisc (made up of hyaluronic acid, and useful to lubricate the joint) a year ago, and her physician was requesting permission to inject both of her knees with Synvisc (2ml x 3 vials.). She also underwent injection of steroids in June of 2013. The request for the Synvisc injections was denied on 09/20/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viscosupplementation of bilateral knees Synvisc (2mL x 3 visits): 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, Hyaluronic Acid Injections .

**Decision rationale:** The California MTUS Chronic Pain Guidelines do not address viscosupplementation (hyaluronic acid injections). The Official Disability Guidelines note that hyaluronic acid injections are indicated for symptomatic osteoarthritis that has not responded to conservative management. However, the ODG notes that it is not recommended for other indications such as patellofemoral arthritis or patellofemoral chondromalacia. Even related to osteoarthritis of the knee, it further states: "...in recent quality studies the magnitude of improvement appears modest at best." In this case, there is no documentation of the underlying pathology to determine whether injection is recommended. Likewise, hyaluronic injections only provide modest improvement when indicated. Therefore, the record does not document the medical necessity for viscosupplementation by injection of both knees.