

<b>Case Number:</b>	CM13-0059925		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/15/2008
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Family Practice and is licensed to practice in Texas. 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 57-year-old female who reported injury on 01/15/2008. The mechanism of injury was noted to be the patient lifted 100 stencils a day, and over time, it caused pain in the left arm, neck, and shoulder. The patient's diagnosis was noted to be derangement of the medial meniscus. The physical examination revealed there was swelling in the right knee, arthritic in the right knee, and swelling in the left knee, and the patient was arthritis in the left knee. A request was made for Synvisc injections with ultrasound to bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A series of three synvisc injections with ultrasonic guidance to the knees:** 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 ODG, Knee & Leg Chapter, Hyaluronic Acid Injections.

**Decision rationale:** Official Disability Guidelines indicate the criteria for hyaluronic acid injections include that the patients have experienced significantly symptomatic osteoarthritis, but have not responded adequately to the recommended conservative and pharmacologic treatments, or are intolerant of these therapies after at least 3 months. The patient should have documented

symptomatic severe osteoarthritis of the knee, which may include the following: bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of the synovium, and over 50 years of age. The patient should have pain that interferes with functional activities, a failure to adequately respond to aspiration and injection of intra-articular steroids, and is generally performed without fluoroscopic or ultrasound guidance. Additionally, they should not currently be a candidate for a total knee replacement or patients who have failed previous knee surgery for arthritis who want to delay total knee replacement. Clinical documentation failed to indicate the patient had a diagnosis of arthritis. It failed to include documentation of the above criteria. Given the above, the request for outpatient Synvisc injections with ultrasound is not medically necessary or appropriate.