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| <b>Case Number:</b>   | CM13-0062489 |                              |            |
| <b>Date Assigned:</b> | 03/03/2014   | <b>Date of Injury:</b>       | 05/26/2006 |
| <b>Decision Date:</b> | 05/29/2014   | <b>UR Denial Date:</b>       | 11/25/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/06/2013 |

### 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 Occupational Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 61-year-old male with a 5/26/06 date of injury. At the time (11/18/13) of the request for authorization for Synvisc one 6ml injection for the right knee, there is documentation of subjective (right knee pain between 5 and 6/10, walking 15 minutes an hour becomes substantially painful) and objective (right knee has 2+ effusion and tenderness about the kneecap and the medial compartment more than lateral compartment) findings, imaging findings (x-rays reveal arthritic cartilage damage), current diagnoses (right knee sprain), and treatment to date (medication, PT, and cortisone injections).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SYNVISC ONE 6ML INJECTION FOR THE RIGHT KNEE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Knee & Leg.

**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 MTUS does not address this issue. ODG identifies documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies; failure of conservative treatment (such as physical therapy, weight loss, non-steroidal anti-inflammatory medication, and intra-articular steroid injection); and plain x-ray or arthroscopy findings diagnostic of osteoarthritis, as criteria necessary to support the medical necessity of viscosupplementation injections. Within the medical information available for review, there is documentation of diagnoses of derangement meniscus NEC. In addition, there is documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments; failure of conservative treatment (physical therapy, non-steroidal anti-inflammatory medication, and intra-articular steroid injection); and plain x-ray findings diagnostic of osteoarthritis. Therefore, based on guidelines and a review of the evidence, the request for Synvisc one 6ml injection for the right knee is medically necessary.