

<b>Case Number:</b>	CM13-0063292		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	05/30/2013
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Physical Medicine & Rehabilitation, 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:

The injured worker is a 72-year-old female who reported an injury on 05/30/2013 due to a slip and fall. The injured worker reported sustained an injury to her left knee. The injured worker's treatment history included physical therapy, multiple medications, and corticosteroid injections. The injured worker was evaluated 11/11/2013. It was documented that the injured worker did not receive lasting benefit from the prior corticosteroid injection and that the injured worker's pain remained unchanged. Objective findings included range of motion described as 180 degrees extension of the left and right knee, 145 degrees in flexion of the right knee, and 140 degrees in flexion of the left knee. There was no evidence of gross effusion, laxity, or manual stress testing. The injured worker underwent an x-ray that documented there was significant joint space narrowing in the bilateral medial compartments indicative of moderate degenerative joint disease of the bilateral knees. The injured worker's diagnoses included osteoarthritis of the knee, chondromalacia of the knee, and synovitis of the knee. The injured worker's treatment plan included modified work duties and continuation of medications. A request was made for a series of Synvisc supplementation injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SERIES OF SYNVISC SUPPLEMENTATION INJECTIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The requested series of synvisc supplementation injections are not medically

necessary or appropriate. The California Medical Treatment and Utilization Schedule does not address this type of injection. The Official Disability Guidelines recommend Synvisc supplementation injections for patients who have evidence of severe osteoarthritis of the knee. The clinical documentation submitted for review does indicate that the injured worker has symptoms associated with osteoarthritis of the knee. However, physical findings do not support the diagnosis of severe osteoarthritis. Additionally, the imaging study submitted for review does indicate that the injured worker's degenerative changes are described as moderate. Therefore, the need for hyaluronic acid injections is not clearly supported. Additionally, the request does not clearly identify which knee this treatment is being requested for. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested series of synvisc supplementation injections are not medically necessary or appropriate.