

<b>Case Number:</b>	CM14-0000104		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	11/07/2001
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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:

The patient is a 51-year-old male who has submitted a claim for reflex sympathetic dystrophy of the upper limb, chronic pain syndrome, and chondromalacia of patella associated with an industrial injury date of November 7, 2001. Medical records from 2013-2014 were reviewed, the latest of which dated April 4, 2014 revealed that the patient reports of right mid back pain around the shoulder blade. Patient reports sudden onset of pain that is not relieved by Aleve. He also complains of bilateral knee pain for 4 days with increased pain with climbing up the stairs. Low back pain is graded 7/10 with medications. There is increased stiffness and pain due to weather changes. There is no complaint of arm pain or arm paresthesia. On physical examination, there is tenderness over the L2-L3 region. There is slight tenderness over the right paraspinal muscles at T12-L1. There is tenderness and spasm of the right trapezius and right parascapular muscles. There is slight tenderness along the medial joint lines with mild palpable crepitus in the bilateral knees. There is also tenderness in the right acromioclavicular joint with limitation in range of motion in flexion to approximately 90 degrees and abduction to approximately 100 degrees. Treatment to date has included TENS, and medications which include Tylenol with Codeine, Naprosyn and Aleve. Utilization review from November 22, 2013 denied the request for 1 SERIES OF 3 SYNVISIC INJECTIONS TO THE LEFT KNEE, AS OUTPATIENT because there are no current x-rays documenting the grade of osteoarthritis to determine the appropriateness of Synvisic injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 SERIES OF 3 SYNVISIC INJECTIONS TO THE LEFT KNEE, AS OUTPATIENT:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Hyaluronic acid injections.

**Decision rationale:** CA MTUS does not specifically address viscosupplementation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that criteria for hyaluronic acid injections include patients with significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative treatments after at least 3 months; pain interferes with functional activities; and not currently candidates for total knee replacement or who have failed previous knee surgery. In this case, Synvisic injections were requested for the left knee symptomatology. In the most recent clinical evaluation, the patient presents with bilateral knee pain. On physical examination, there is slight tenderness along the medial joint lines with mild palpable crepitus of the bilateral knees. There are subjective and objective findings that would potentially warrant further treatment with hyaluronic acid injections. However, trial and failure of conservative treatment is unknown due to lack of documentation. In addition, there remains no imaging evidence of the degree and extent of osteoarthritic changes present. The operative reports from previous arthroscopies were not made available for review. The medical necessity of hyaluronic acid injections was not established. Therefore, the request for 1 Series of 3 Synvisic Injections to the Left Knee, as Outpatient is not medically necessary.