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| <b>Case Number:</b>   | CM14-0001085 |                              |            |
| <b>Date Assigned:</b> | 01/15/2014   | <b>Date of Injury:</b>       | 08/22/2012 |
| <b>Decision Date:</b> | 07/29/2014   | <b>UR Denial Date:</b>       | 10/09/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/09/2013 |

### 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 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 55 year old male who has submitted a claim for lumbosacral radiculopathy, shoulder impingement, ankle tendinitis/bursitis, knee tendinitis/bursitis and lower extremity fracture associated with an industrial injury date of August 22, 2012. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of low back pain radiating to both lower extremities accompanied by paresthesia and numbness. He also complained of knee pain with intermittent locking. Physical examination revealed spasm, tenderness and guarding in the paravertebral musculature of the lumbar spine with loss of range of motion. Decreased sensation was noted bilaterally in the L5 and S1 dermatomes. Tenderness over the right mid forefoot with decreased range of motion in dorsiflexion and plantar flexion was noted. Bilateral knees showed patellar crepitus on flexion and extension with medial joint line tenderness positive McMurray's test. Treatment to date has included transforaminal nerve root injection at left L3-L4 and L4-L5 10/2/13, steroid injections, physical therapy, and medications, which include Norco, Relafen, Medrox patch, Norflex, Toradol, and Rocephin. A utilization review from October 8, 2013 denied the request for Synvisc injections x 3 because there was no specific clinical examination finding with reference to the knee that was reported to support the request for Synvisc injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SYNVISC INJECTIONS X 3:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 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 and Leg Chapter, Hyaluronic Acid Injections.

**Decision rationale:** The ODG states that criteria for hyaluronic acid injections include patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies; or is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; and failure of conservative treatment; and plain x-ray or arthroscopy findings of arthritis. Furthermore, repeat series of injections may be reasonable if there is relief for 6-9 months. In this case, the patient has not had Synvisc injections previously. In the most recent clinical evaluation, the patient presented with bilateral knee pain and examination revealed tenderness along the medial joint lines with palpable crepitus and positive McMurray's test. There are subjective and objective findings that warrant treatment with hyaluronic acid injections. There was also discussion regarding failure of standard treatment and MRI findings were suggestive of knee osteoarthritis. The criteria have been met and medical necessity has been established. As such, the request is medically necessary and appropriate.