

<b>Case Number:</b>	CM14-0106563		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/15/2001
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 and Rehabilitation and Pain 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 injured worker is a 52 year-old female who reported an injury on 07/15/2001. The mechanism of injury was not provided. The diagnoses included right knee degenerative joint disease and status post left total knee replacement. Past treatments included conservative care, medications, cortisone, Euflexxa and Synvisc injections. It was noted on 06/12/2014 that the injured worker reported moderate pain in the right knee. The physical examination findings revealed a slow gait, mild tenderness to palpation of the right knee, no effusion in the bilateral knees, normal sensation in the bilateral knees, right patellar range of motion was flexion at 130 degrees, extension at 0 degrees, anterior drawer test was negative, Lachman test was negative, valgus stress test and varus test were negative, and anterior patellar grind was positive. Medications included topical compounds for pain, cyclobenzaprine, naproxen, Norco, and oxycodone. The treatment plan was for Synvisc injections to the right knee, once a week for three weeks. The rationale for the request and the authorization form were not provided for the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc injection to the right knee, once a week for three weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

**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, Hyaluronic Injections

**Decision rationale:** The request for Synvisc injections to the right knee, once a week for three weeks is not medically necessary. The Official Disability Guidelines state that repeat series of Hyaluronic acid injections are reasonable if there is documented significant improvement in symptoms for 6 months or more, and symptoms recur. The injured worker has a history of right knee pain. The injured worker has been treated with conservative care, medications, cortisone, Euflexxa and Synvisc injections. There was a lack of documentation to support the efficacy of the previous injection in regards to pain relief nor any objective evidence to demonstrate an improvement in range of motion and general physical function. Additionally, the injured worker has been on several pain medications and there was no evidence that there has been a reduction in pain medication that would support the efficacy of the previous injection in regard to pain relief. As per the above guideline, in the absence of documentation of significant improvement in symptoms and function the request is not warranted. As such the request is not medically necessary.