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| <b>Case Number:</b>   | CM14-0107155 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 11/09/1993 |
| <b>Decision Date:</b> | 10/27/2014   | <b>UR Denial Date:</b>       | 06/18/2014 |
| <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 Orthopedic Surgery and is licensed to practice in Texas. 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 61-year-old female who reported an injury on 11/02/1993 caused by unspecified mechanism. The injured worker's treatment history included trigger point injections in her back, epidural steroid injections, physical therapy, surgery, MRI studies, x-rays. The injured worker was evaluated on 07/23/2014 and it was documented that the injured worker was denied for right knee Synvisc injection. It was noted that the injured worker's left knee was okay this particular visit. However, there are good and bad days. Physical examination revealed she was alert and oriented, well nourished, well developed, and in no apparent distress. Mood and affect were appropriate. The neurologic examination was intact. She had "NTTP" along the right brachial plexus with negative Tinel's over the cubital tunnel. She had arthrofibrosis over the left hand and fingers. The cervical range of motion was smoother. She had dysesthesia to palpation over the cubital tunnel. On elbow flexion, she described ulnar paresthesias extending into the right small and ring fingers. The left knee had good range of motion and there was no effusion or swelling. The right knee was still tender along the medial joint line. She had tenderness to palpation along the anteromedial leg. Diagnoses included failed back surgery syndrome, status post left shoulder scope, left hand arthrofibrosis, right cubital tunnel syndrome, and end stage right knee osteoarthritis. The Request for Authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc injection times three to the right knee.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Visosupplementation Inj.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Knee & Leg (Acute & Chronic), Hyaluronic Acid Injections.

**Decision rationale:** Per the Official Disability Guidelines (ODG), Synvisc injection is only recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen) to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). The decision for Synvisc injection x3 to the right knee on 07/03/2014, the provider documented the injured worker stating "there and good and bad days" for her left knee. However, on this day of visit, her left knee was okay. Furthermore, the left knee had good range of motion, and there was no effusion or swelling. As such, the request for Synvisc injection x3 to the right knee is not medically necessary.