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| <b>Case Number:</b>   | CM14-0019615 |                              |            |
| <b>Date Assigned:</b> | 04/30/2014   | <b>Date of Injury:</b>       | 08/14/2010 |
| <b>Decision Date:</b> | 07/08/2014   | <b>UR Denial Date:</b>       | 02/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/18/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management 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 an employee of [REDACTED] and has submitted a claim for right wrist, low back, and right knee pain associated with an industrial injury date of August 14, 2010. The treatment to date has included medications, physical therapy, chiropractic treatment, acupuncture, home exercise program, and two right knee intra-articular Synvisc injections, with pain relief for three months. The medical records from 2013 through 2014 were reviewed, which showed that the patient complained of constant aching right wrist pain, 8/10, radiating to the right forearm with numbness and tingling in the dorsal and palmar hand, ring, and middle fingers. The patient also reported low back pain, 5/10, increased to 8/10 with lying down, squatting, lifting, exercising, and bending accompanied by spasms and sharp pain in the right foot. The patient also complained of right knee pain, 5-6/10, increased to 8/10 with exercise associated with giving out, locking, and swelling. On physical examination of the right wrist, Tinel's and Phalen's tests were positive with normal strength. The patient had a normal gait and was able to toe and heel walk. There was right knee medial joint line and patellofemoral tenderness with a positive medial McMurray. In utilization review from February 10, 2014 denied the request for Synvisc purchase: right knee and Synvisc injection: right knee because guideline criteria were not met.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SYNVISC PURCHASE FOR THE RIGHT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator 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.

**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 CA MTUS does not specifically address visco-supplementation. 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 visco-supplementation injections are recommended in 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 osteoarthritis. Furthermore, repeat series of injections may be reasonable if there is relief for 6-9 months. In this case, two right knee intra-articular Synvisc injections were already performed, with pain relief for only three months. The guideline criteria for repeat injections with relief for 6-9 months were not achieved. Furthermore, there was no discussion regarding failure of standard treatment and there were no imaging findings of osteoarthritis. The criteria were not met; therefore, the request for SYNVISC purchase for the right knee is not medically necessary.

**SYNVISC INJECTION FOR THE RIGHT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator 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.

**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 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 visco-supplementation injections are recommended in 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 osteoarthritis. Furthermore, repeat series of injections may be reasonable if there is relief for 6-9 months. In this case, two right knee intra-articular Synvisc injections were already performed, with pain relief for only three months. The guideline criteria for repeat injections with relief for 6-9 months were not achieved. Furthermore, there was no discussion regarding failure of standard treatment and there were no imaging

findings of osteoarthritis. The criteria were not met; therefore, the request for SYNVISC injection for the right knee is not medically necessary.