

<b>Case Number:</b>	CM14-0111653		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/04/2010
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 54-year-old female who reported an injury on 10/04/2010. The mechanism of injury is not submitted in the report. The injured worker has diagnoses of left atrial enlargement and ortho condition/recent right knee surgery. The injured worker's past treatments include 5 injections of viscosupplementation and medication therapy. Diagnostics for the injured worker include an x-ray with findings of osteoarthritis. The injured worker underwent right arthroscopy in 03/2010. The injured worker complained that there were no changes in her knee pain. There were no measurable levels of pain documented in the submitted report. The physical examination dated 03/03/2014 revealed that the right knee had been unchanged. The right knee showed range of motion of 0 to 125 degrees, positive patellofemoral crepitation, positive patellofemoral grind and tenderness to the medial and lateral joint line. The injured worker's medications include Tribenzor 40/10/25 mg. The duration and frequency was not documented in the submitted report. The treatment plan is for 1 injection of Synvisc 6 mL into the right knee. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc One Injection 6ml (48mg) into the Right Knee x 1: 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) - TWC

Knee and Leg Procedure Summary last updated 06/05/2014, Criteria for 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, Synvisc injection (Hyaluronic injections).

**Decision rationale:** The injured worker complained that there were no changes in her knee pain. There were no measurable levels of pain documented in the submitted report. The ODG Guidelines recommend Synvisc injections 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). Guidelines also state that there should be documented symptomatic severe osteoarthritis of the knee, which may include the following: bony enlargement; bony tenderness; crepitus (noisy, grating sound) on active motion; less than 30 minutes of morning stiffness; no palpable warmth of synovium; over 50 years of age. If pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease. The submitted report lacked evidence of the failure of conservative care. There was also no evidence as to a diagnosis of severe osteoarthritis in the injured worker's right knee. The submitted report lacked any range of motion, motor strength or pain levels for the injured worker's right knee. The progress note submitted on 05/28/2014 did not reveal any of the pertinent information needed to conclude the need for requested injection. As such, the request for a Synvisc-One Injection of 6 mL (48 mg) into the Right Knee is not medically necessary.