

<b>Case Number:</b>	CM14-0116287		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	12/13/1999
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 and is licensed to practice in Texas & Ohio. 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 female of unknown age who reported an injury on 12/13/1999 after receiving an industrial injury while employed with a school district. The injured worker has a history of bilateral knee pain. The injured worker had a diagnosis of Lyme's disease. The injured worker's prior surgeries included bilateral knee arthroscopy dated 2000. The past treatments included Synvisc injections. The physical evaluation dated 06/16/2014 revealed the examination of the bilateral knees showed well healed arthroscopic portals, range of motion was 0 to 120 degrees, positive patellofemoral crepitation, a positive groin test, and pain noted with deep squat. The injured worker used a cane for ambulation with an antalgic gait. There was an abrasion to the left lower leg with a recent diagnosis of cellulitis. The injured worker was also noted to have graded 4 degenerative osteoarthritis of the bilateral knees per an MRI of an unknown date. The treatment plan included an injection to the bilateral knees. The Request for Authorization dated 08/04/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Synvisc one (1) injection 6ml (48mg) into bilateral knees:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee complaints. Hyaluronic acid injections

**Decision rationale:** The Official Disability Guidelines indicate that patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease. The criteria are: failure to adequately respond to aspiration and injection of intra-articular steroids; generally performed without fluoroscopic or ultrasound guidance. Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence; see above. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpometacarpal joint, elbow, hip, metatarsophalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. The clinical notes indicated that the injured worker had failed conservative treatments; however no available documentation was submitted for review. The clinical notes did not indicate a measure pain function. As such, the request is not medically necessary.