

<b>Case Number:</b>	CM14-0126965		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	06/03/2010
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 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 a 54-year-old male who sustained an injury on 06/03/10. He was on a ladder, which slipped and he fell to the floor sustaining injuries to his right knee. As per PR2 dated 07/03/14 he was status post right knee arthroscopy, but the surgery didn't seem to help him much; he is having diffused pain in the knee. He did finish his physical therapy. Exam of right knee showed a small effusion. He had full extension and 140 degrees of flexion. With maximal flexion most of his pain was anterolateral. He was able to walk normally. He underwent a right knee arthroscopic surgery on 03/28/14. Treatment included requests for 1 Synvisc-one injection of right knee and a follow up visit. [REDACTED] stated that he had reached maximal medical improvement from arthroscopy and was taking anti-inflammatory medication and had a cortisone injection prior to the surgery but never a Synvisc injection. He also noted that the patient may require a total knee arthroplasty if all else fails. Imaging studies of his right knee showing IIIA abnormality of the posterior horn of the medial meniscus representing a tear; suprapatellar effusion; patellar and quadriceps tendinitis. After MRI examination he was recommended to undergo Synvisc-One injection to the right knee due to continued symptoms post arthroscopic surgery. Diagnosis is right knee status post arthroscopic partial medial and lateral meniscectomies with chondroplasties in all three compartments. The request for Synvisc injection to the Right knee was denied on 07/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc injection 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, Knee & Leg (Acute & Chronic).

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

**Decision rationale:** Hyaluronic acid injections (Synvisc) may be indicated in: Patients who 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 after at least 3 months; - Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm<sup>3</sup>); - Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; - Failure to adequately respond to aspiration and injection of intra-articular steroids. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, osteochondritis dissecans, patellofemoral arthritis, or patellofemoral syndrome (patellar knee pain). The medical records do not document the criteria (as stated above) being met in this injured worker. Furthermore, he has been diagnosed with medial and lateral meniscal tear and chondromalacia patella, status post arthroscopic partial medial and lateral meniscectomies with chondroplasties. Imaging studies have also showed joint effusion with patellar and quadriceps tendinitis. However, there was no imaging evidence of severe osteoarthritis of the right knee joint, which is the only indication for Hyaluronic acid injections per guidelines. Therefore, the request is considered not medically necessary according to guidelines.