

<b>Case Number:</b>	CM14-0167022		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	06/25/2008
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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, has a subspecialty in Interventional Spine 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 59 year old male with an injury date of 06/25/08. Based on the 08/20/14 progress report provided by [REDACTED] the patient presents with complaints to his bilateral knees. He is status post right total knee arthroplasty 02/01/13. Physical examination showed that flexion of the knee to the chest was not painful. No other findings reported, as physical examination pertained mostly to the lumbar spine. His current medications include Xarelto, Flexeril, Ambien, Neurontin, Tramadol, Celebrex and Colace. Patient is permanent and stationary. The patient last had Synvisc in his left knee 09/26/12. Diagnosis 08/20/14- discog low back pain- spondylosis- pain- knee joint replacement Diagnosis per Request for authorization (RFA dated 09/04/14)- Osteoarthritis 715.96, synvisc for the left knee, 48 units = [REDACTED] is requesting Synvisc one injection left knee 48 units. The utilization review determination being challenged is dated 09/11/14. The rationale is "records submitted failed to include documentation of significant improvement in symptoms..." [REDACTED] is the requesting provider, and he provided treatment report dated 08/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc one injection left knee 48 units:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, 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) Hyaluronic acid injections, under Knee & Leg (Acute & Chronic)

**Decision rationale:** The patient presents with complaints to his bilateral knees. The request is for Synvisc one injection LEFT knee 48 units. He is status post right total knee arthroplasty on 02/01/13 and has a diagnosis of osteoarthritis of the LEFT knee. MTUS and ACOEM do not discuss Synvisc injections but ODG guidelines provide a thorough review. ODG recommends Synvisc injections for "severe arthritis" of the knee that have not responded to other treatments. The patient last had Synvisc injection to his left knee 09/26/12, and has a diagnosis of osteoarthritis, per Request for authorization (RFA) dated 09/04/14. His knee replacement was to the RIGHT side. Given the patient's significant arthritic changes of the left knee with the last injection several years ago, repeat injection appears reasonable. This request is medically necessary.