

<b>Case Number:</b>	CM14-0033310		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	12/14/1980
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Orthopedic Surgery, and is licensed to practice in Texas and Colorado. 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 63-year-old male who reported an injury on 12/14/2008 while working at the ■■■ Fire Department, he injured his bilateral knees due to continuous trauma. The injured worker complained of occasional symptomatic left knee pain with tightness and pain with squatting, bending, and kneeling. The MRI of the left knee, dated 06/20/2012, revealed a low grade chondromalacia lateral knee joint compartment and medial femoral condyle. The prior surgeries included a right knee arthroscopy, dated 08/2011. The physical examination of the left knee revealed tenderness along the medial and lateral compartments and patellofemoral articulation, pain with deep squat and range of motion from 0 to 125 degrees. The subjective findings revealed that the left knee was occasionally symptomatic with tightness and pain with squatting, bending, and kneeling. No medications noted. No VAS noted. The treatment plan included continuation of conservative treatment that included Synvisc One vs. Kenalog vs. arthroscopic debridement and follow-up over the next 10 to 12 weeks, and request for Synvisc One viscosupplementation to the left knee every 6 to 12. The Request for Authorization, dated 06/23/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown Synvisc One viscosupplementation to the left knee every six (6) to twelve (12) months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines 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 & Leg, Hyaluronic acid injections

**Decision rationale:** The request for Unknown Synvisc One viscosupplementation to the left knee every six (6) to twelve (12) months is not medically necessary. The Official Disability Guidelines recommend hyaluronic acid injections as a possible option for severe arthritis for patients who have not responded adequately to recommended conservative treatments. The criteria for the hyaluronic acid injections include patients that experience significantly symptomatic osteoarthritis, but have not responded adequately to the recommended conservative nonpharmacologic and pharmacologic treatments or are intolerant of those therapies after at least 3 months. Documented symptomatic severe osteoarthritis of the knee, which may include the following: bony enlargement, bony tenderness, crepitus, less than 30 minutes of morning stiffness, no palpable warmth of synovium, over 50 years of age, pain interferes with functional activities and not attributed to other forms of joint disease. Failure to adequately respond to aspiration and injection intra-articular steroids. Generally performed without fluoroscopic or ultrasound guidance. Are not currently candidates for total knee replacement or who have failed previous knee surgeries for their arthritis, less younger patients wanting to delay knee replacement. Repeat series of injections if documented significant improvement in symptoms for 6 months or more or if symptoms recur, it may be reasonable to do another series. No maximum established by high quality scientific evidence. Hyaluronic acid injections are not recommended for any other indication such as chondromalacia patella, facet joint arthropathy, osteochondritis dissecans, patellofemoral arthritis, patellofemoral syndrome, plantar nerve entrapment syndrome, or for use in joints other than the knee because the effectiveness of the hyaluronic acid injections for these indications has not been established. The documentation provided did not indicate or was not evident that the injured worker had a diagnosis of osteoarthritis to the left knee. The subjective findings from the injured worker indicated tightness and pain with squatting, bending, and kneeling; however, he was only occasionally symptomatic. No medications were noted. The clinical notes did not indicate any functional measurement of pain. Additionally, the guidelines state that hyaluronic acid injections are not recommended for chondromalacia. As such, the request is not medically necessary.