| | | | |
|---|---|---|---|
| **Case Number:** | CM14-0036388 | | |
| **Date Assigned:** | 06/25/2014 | **Date of Injury:** | 05/31/2006 |
| **Decision Date:** | 11/19/2014 | **UR Denial Date:** | 03/11/2014 |
| **Priority:** | Standard | **Application Received:** | 03/25/2014 |

## 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 63-year-old diabetic woman who sustained a work-related injury on May 14, 2001. Subsequently, she developed bilateral knee and low back pain. In 2012, the patient underwent a transforaminal epidural block, which was helpful in providing greater than 50% relief for greater than 3 months. According to the progress report dated March 18, 2014, the patient complained of significant right knee pain. She described her pain as 5-6/10 at rest, increasing to 6-7/10 with weight bearing. With her NSAID and pain medication, her pain decreases to 2-3/10. Her physical exam revealed a slight effusion at the right knee and medial joint line tenderness. She had a positive McMurray's test for meniscal tear. She had grade I chondromalacia at the patella-femoral joint. She was painful with both extension and flexion at 30 degrees. Straight leg raise on the right side reproduced radiating proximal pain at 70 degrees. Internal rotation of the right hip caused right-sided hip pain. Patellar and Achilles reflexes were absent. There was 5-/5 weakness of the quadriceps on the right side. There was a slight decrease in sensation at the L4 and L5 right. She had moderate discomfort in the left knee joint. Palpation at the medial para-patellar region was painful at the left knee. She had a positive McMurray's test on the left knee causing increased discomfort. She had grade I crepitation at the left patellofemoral joint. She had rotatory or medial/lateral instability. The patient as diagnosed with bilateral knee meniscus tears, chondromalacia, synovitis in knees, and degenerative disc disease, lumbar with radiculopathy. The provider requested authorization for Synvisc injection for the left knee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc injection for the left 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(web) Knee Section, Hyaluronic 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, http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Hyaluronicacidinjections.

**Decision rationale:** According to ODG guidelines, hyaluronic acid injections is recommended 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). Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of Hyaluronic Acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. Compared with lower-molecular-weight Hyaluronic Acid, this study concluded that the highest-molecular-weight Hyaluronic Acid may be more efficacious in treating knee OA. These more recent studies did not. The response to Hyaluronan/Hylan products appears more durable than intra-articular corticosteroids in treatment of knee osteoarthritis. The combined use of Hyaluronate injections with a home exercise program should be considered for management of moderate-to-severe pain in patients with knee osteoarthritis. There is no documentation that the patient failed conservative therapies. There is no documentation that the patient is suffering from osteoarthritis or severe osteoarthritis that did not respond to conservative therapies. There are no strong controlled studies supporting the efficacy and safety of Hyaluronic acid injections for the treatment of knee osteoarthritis. The medical necessity for Synvisc injection for the left knee is not established. Therefore, the request for Synvisc injection for the left knee is not medically necessary and appropriate.