

<b>Case Number:</b>	CM14-0042828		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	03/01/2007
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Pain Management 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:

This is a female patient with the date of injury of March 1, 2007. A utilization review determination dated March 27, 2014 recommends non certification of a series of three Synvisc - one injection for the left knee. A progress note dated February 24, 2014 identifies subjective complaints of continued increased pain in both knees, aggravated with any weight bearing. The patient had Synvisc injections to both knees in April 2013 with over eight months of relief, the patient is requesting a repeat of the injections to both knees due to return of her pain. The patient is currently using Anaprox DS 550 mg twice daily and Denadracin topical analgesic cream, which she feels enables her to avoid taking any opioid based medications. Physical examination of bilateral knees identifies tenderness to palpation along the medial and lateral joint line with soft tissue swelling and a positive McMurray's sign bilaterally. The diagnoses include left knee internal derangement, right knee internal derangement, cervical myoligamentous injury with bilateral upper extremity radicular symptoms, right shoulder internal derangement, status post arthroscopic surgery of the right shoulder on April 3, 2011, left shoulder internal derangement, status post arthroscopic surgery of left shoulder on December 16, 2011, carpal tunnel syndrome, and medication induced gastritis. The treatment plan recommends trigger point injections, Synvisc One injection for the left knee a series of three, Synvisc One injection series of three for the right knee, and refills for Anaprox DS 550 mg #60, Prilosec 20 mg #60, FexMid 7.5mg #60, and a new prescription for Norco 10/325 #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of three synvisc one injection 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: Chapter Knee & Leg: 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 and Leg Chapter, Hyaluronic acid injections <http://synvisc.com>.

**Decision rationale:** Regarding the request for series of three Synvisc One injection for the left knee, Occupational Medicine Practice Guidelines do not contain specific criteria regarding the use of hyaluronic acid injections. Official Disability Guidelines (ODG) states that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. Synvisc-One is the same formulation as Synvisc. The only difference is that Synvisc-One is provided with one injection, compared to the three injections required for Synvisc. Both treatments can provide up to six months of osteoarthritis knee pain relief. Within the documentation available for review, the requesting physician has not documented that the patient has failed physical therapy. Additionally, it is unclear if the patients complaints are due to arthritis or internal derangement (identified by MRI). Additionally, Synvisc One injections are not indicated to be used as a series. As such, the currently requested series of three Synvisc one injection for the left knee is not medically necessary.