

<b>Case Number:</b>	CM14-0056841		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/04/2010
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 40-year-old male who reported an injury of unknown mechanism on 02/04/2010. On 01/16/2014, his diagnoses included left shoulder impingement syndrome with acromioclavicular joint arthrosis, lumbosacral strain/arthrosis with possible neural encroachment, left knee status post examination under anesthesia with arthroscopic capsule release, excision of cyst and chondroplasties in all 3 compartments, status post contusion to the dorsum of the left foot, psychiatric complaints, sleep disturbances, and a "GI diagnosis". He stated that he had been receiving physical therapy treatments but his mobility and strength had worsened since the beginning of therapy. He rated his pain at 7/10 to 8/10. His treatment plan included a request for a Synvisc injection for the left knee. The progress note stated that the injured worker had had a Synvisc injection previously but did not find it particularly helpful. On examination, the left knee had full extension with no effusion. His lateral retinaculum was not tight and he had no apprehension. The rationale for the requested Synvisc injection was that the injured worker was willing to try it. A Request for Authorization dated 01/22/2014 was included in the injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat left knee Synvisc injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12 Edition (web), 2014, 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), Knee & Leg, Hyaluronic acid injections.

**Decision rationale:** The request for repeat left knee Synvisc injection is not medically necessary. Per the Official Disability Guidelines, hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to conservative treatment, including exercise, NSAIDs, or acetaminophen. It is intended to potentially delay total knee replacement, but in recent quality studies, the magnitude of improvement appears to be modest at best. While osteoarthritis of the knee is the recommended indication, there is insufficient evidence for other conditions. Among the criteria for receiving hyaluronic acid injections are there had to have been documentation of a failure to adequately respond to aspiration and/or injection of intra-articular steroids and if they are repeat injections, there had to have been documented significant improvement in symptoms for 6 months or more prior to the second set of injections. The recommended dosage is 3 injections 1 week apart. The request is only for a single injection which does not meet the recommendations of the guidelines or the current dosing information. Additionally, the injured worker reported no significant decrease in pain or increase in functional abilities with the previous Synvisc injection. The clinical information submitted failed to meet the evidence-based guidelines for a Synvisc injection. Therefore, this request for repeat left knee Synvisc injection is not medically necessary.