

<b>Case Number:</b>	CM14-0066953		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/11/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 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 injured worker is a 57 year old female who was reportedly injured on 01/11/2013. The mechanism of injury not listed in the records reviewed. The injured worker has been under care of a treating physician for internal derangement knee, brachial neuritis and sprain lumbar region. The most recent progress note is dated 04/16/2014. The injured worker complains of cervical spine pain that is constant and rated as 8/10 on the pain scale. The pain is associated with radiating pain, numbness and tingling in the bilateral arms. Tremoring in the bilateral hands is also noted. Lumbar spine pain is constant and rated 8/10 with locking, giving away and limited range of motion. Physical exam reveals the injured worker walks with two axillary crutches. There is lateral and medial joint line tenderness noted with severe pain and patellar compression test. There is full but painful range of motion in the left knee. There is weakness of the quads at 4/5. Magnetic resonance image dated 02/26/2014 revealed normal medial and lateral menisci, normal cruciate and collateral ligaments, no chondral defects or erosions and minimal fluid collection with the gastrocnemius semimembranosus bursa. A request was made for Synvisc, one Injection to the left knee and was not certified on 04/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc One Injection to 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, Hyaluronic Injection.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter-Hyaluronic injection.

**Decision rationale:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Knee Chapter-Hyaluronic injection. Per guidelines, "Hyaluronic acid injections may be indicated in patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; - Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm<sup>3</sup>); Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; - Failure to adequately respond to aspiration and injection of intra-articular steroids; Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain) or meniscal tear, because the effectiveness of hyaluronic acid injections." In this case, the records do not establish the medical necessity, as the injured worker does not meet the criteria. Therefore, the request is considered not medically necessary.