

<b>Case Number:</b>	CM14-0071047		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	03/13/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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, 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 39-year-old female who reported an injury on 03/13/2012, reportedly at that time she slipped and fell in the bathroom in a hotel room and in the process she twisted her knee, also hitting her right shoulder against the door knob and then landing on the ground, hitting her low back. The injured worker's treatment history included x-rays, EMG study, MRI, x-rays, medications, ESI injections, left knee surgery, and physical therapy. On 08/09/2012, the injured worker had undergone a left knee meniscal surgery, which provided some help. The injured worker was evaluated on 04/18/2014, and it was documented the injured worker complained of chronic low back, left knee, and right shoulder pain. There was no acute change to her pain condition. The provider noted she had corticosteroid injections in the past with benefit. She noted her knee pain was aggravated with walking, standing, and going up the stairs. The worker reported her pain was 4/10 of the VAS pain scale with medications, and noted that medications do help improve her pain function. Physical examination of the left knee was positive for erythematous fusion and joint line tenderness. The injured worker was wearing a Don Joy knee brace. Medications included capsaicin 0.075% and tramadol 37.5/325 mg. Diagnoses included spondylosis lumbosacral, sprain strain lumbar region, lumbar disc displacement with myelopathy, pain in joint lower leg, and pain in joint shoulder. In documentation, the provider noted she is status post left knee surgery in 2012 however, has had some benefit, but continues to have significant residual left knee pain. She had had cortisone injection with temporary relief of pain. Provider noted the injured worker was now 3+ months since he requested 5 Supartz injections for arthritis of the left knee. However, documentation submitted to indicate when injured worker received the cortisone injection. The Request for Authorization dated for 04/22/2014 was for 1 series of 5 Synvisc injections of the left knee. The rationale for the Synvisc injections is the injured worker was continuing to have significant residual left knee pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One series of five synvisc injections 16 mg for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

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

**Decision rationale:** The requested is not medically necessary. The Official Disability Guidelines (ODG) recommend Synvisc as a possible option for severe osteoarthritis for injured workers 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. Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of the hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. There was a lack of outcome measurements of previous conservative care measures. In addition, that injured worker had received Cortisone Injections in the past with temporary relief; however the provider failed to indicate longevity and functional improvement for the injured worker. Given the above, the request for one series of 5 Synvisc Injections 16 mg for left knee is not medically necessary.