

<b>Case Number:</b>	CM14-0076941		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/16/2006
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Illinois. 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 27-year-old female who reported injury on 06/16/2006; reportedly, she was loading a trailer that was missing a roller. She continued loading the boxes that weighed from 10 to 60 pounds onto the trailer, and proceeded to bend and lift from the left to the right. As she took a step, she stepped into the area where the roller was missing. Her right foot was caught in between the flaps in the area where the roller was missing. The injured worker stated that she was stuck and could not move. She immediately felt a sharp stabbing pain in the right knee and throughout the right leg. Her fellow co-worker assisted her in moving her right leg from the stuck position, and thereafter, the ambulance was sent out to the scene. The injured worker's treatment history included x-rays, physical therapy, MRI studies, EMG/NCV studies, surgery, and medications. The injured worker was evaluated on 05/08/2014, and it was documented that the injured worker complained of constant pain of the right knee with everyday activity. It was noted she ices the right knee at night so she can sleep. Physical examination of the right knee revealed a significant limp favoring this knee. There was swelling, with obvious varus deformity. There was moderate tenderness along the medial joint line with palpable osteophytes present. She had 5/5 motor strength in the quadriceps and hamstrings. Flexion of the right knee was 125 degrees. Extension was 0 degrees. Within the documentation, the provider noted he was requesting another Synvisc series of injections. However, the outcome measurements from the previous Synvisc series of injections were not submitted for this review. Medications included diclofenac sodium 75 mg. Diagnoses included knee degenerative arthritis. The Request for Authorization or rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Synvisc Injection to the right knee, total of 3 injections as an outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/ Treatment Index, 18th Edition (web), 2013, Treatment in Workers Compensation, 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) (ODG) Knee & Leg (Acute & Chronic), Hyaluronic Acid Injections.

**Decision rationale:** Per the Official Disability Guidelines (ODG), Synvisc injection is only 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). The documents provided on 05/08/2014 lacked evidence of failed conservative care such as, physical therapy, medication, and home exercise regimen. Additionally, the provider noted he was requesting for another Synvisc series injections series. However, the outcome measures were not submitted from previous Synvisc injections. Therefore, the request for 1 Synvisc injection to the right knee, total of 3 injections as outpatient is not medically necessary.