

<b>Case Number:</b>	CM14-0083021		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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:

This is a 65-year-old gentleman with a date of injury of 5/13/11. Mechanism of injury is not disclosed in submitted medical records for review. This patient has a history of multiple medical and orthopedic issues, including bilateral knee arthrosis. The patient was seen in follow-up on 4/01/14. It was noted on that visit that the patient had Synvisc injection to bilateral knees on 12/03/13. Response to injections is not disclosed. Past history of diagnostics and treatments to the knee are not disclosed. This was submitted to Utilization Review, with an adverse decision rendered on 5/08/14. Given the lack of documentation of failed prior conservative measures and response to the recent viscosupplemental injections, repeat injections were not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Synvisc Injection to Bilateral Knees: 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), Knee & Leg (updated 03/31/14) 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, Hyalgan and Hyaluronic acid injections

**Decision rationale:** ACOEM Guidelines and the California MTUS are silent on viscosupplementation, therefore, consider Official Disability Guidelines, which states that 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). Documentation must reflect significantly symptomatic osteoarthritis that has not responded to conservative non-pharmacologic and pharmacologic therapies. ACR criteria to establish symptomatic and severe osteoarthritis include at least 5 of the following: 1) Bony enlargement; 2) Bony tenderness; 3) Crepitus; 4) ESR < 40 mm/hr; 5) Less than 30 minutes of morning stiffness, 6) No palpable warmth of synovium; 7) Over 50 years old; 8) Rheumatoid factor less than 1:40, and 9) Synovial fluid signs. Other criteria include pain affecting functional activity, failure to respond to aspiration/injection, performed without fluoroscopy or ultrasound, not candidates for TKR, failed prior knee surgery. In this case, though the patient has diagnosis of bilateral knee arthrosis, I do not see at least 5 ACR criteria that confirm this. There is no documentation of prior failed conservative measures prior to consideration of viscosupplementation. Finally, the patient had prior viscosupplementation less than 6 months prior to the repeat request with no documentation of the response. Medical necessity for repeat Synvisc injections to bilateral knees is not established.