

<b>Case Number:</b>	CM14-0207220		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	08/26/2001
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 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 66 year-old patient sustained an injury to the low back and right knee on 8/26/2001 while employed by [REDACTED]. Request(s) under consideration include 3 Synvisc injections to right knee. Diagnoses include multilevel lumbar spondylosis; psychiatric comorbidity; chronic pain syndrome s/p right knee arthroscopic partial medial meniscectomy and chondroplasty on 2/26/02; s/p left knee arthroscopic with partial medial meniscectomy and chondroplasty on 3/11/03; s/p left carpal tunnel release on 11/29/06; s/p right CTR on 8/15/07; s/p right ulnar nerve decompression, tenosynovectomy of FCU and neurolysis of median nerve on 1/7/09; s/p left shoulder surgery on 2/28/11; s/p right shoulder surgery on 3/23/12; s/p right Total knee replacement on 4/4/14. There is previous history of slip and fall injury to low back in 1989 and auto accident with lower back pain, settled for 16% permanent disability on 11//28/1992. Conservative care has included medications, therapy, injections, and modified activities/rest. The patient continues to treat for chronic ongoing pain symptoms. Report of 10/8/14 noted routine follow-up s/p left knee cortisone injection awaiting authorization for Total knee arthroplasty. X-rays indicated left knee with Osteoarthritis; right knee with advanced osteoarthritis and TKR in good position. Exam showed post-operative range in right knee of -10 to 100 degrees range; 5+quad strength. Request was for Synvisc injections to bilateral knees with 3 injections per knee. The request for bilateral Synvisc injections were modified to authorize for the left knee; however, the request(s) for 3 Synvisc injections to right knee was non-certified on 11/13/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **3 Synvisc injections to right 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 (ODG)

**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, pages 311-313.

**Decision rationale:** This 66 year-old patient sustained an injury to the low back and right knee on 8/26/2001 while employed by [REDACTED]. Request(s) under consideration include 3 Synvisc injections to right knee. Diagnoses include multilevel lumbar spondylosis; psychiatric comorbidity; chronic pain syndrome s/p right knee arthroscopic partial medial meniscectomy and chondroplasty on 2/26/02; s/p left knee arthroscopic with partial medial meniscectomy and chondroplasty on 3/11/03; s/p left carpal tunnel release on 11/29/06; s/p right CTR on 8/15/07; s/p right ulnar nerve decompression, tenosynovectomy of FCU and neurolysis of median nerve on 1/7/09; s/p left shoulder surgery on 2/28/11; s/p right shoulder surgery on 3/23/12; s/p right Total knee replacement on 4/4/14. There is previous history of slip and fall injury to low back in 1989 and auto accident with lower back pain, settled for 16% permanent disability on 11/28/1992. Conservative care has included medications, therapy, injections, and modified activities/rest. The patient continues to treat for chronic ongoing pain symptoms. Report of 10/8/14 noted routine follow-up s/p left knee cortisone injection awaiting authorization for Total knee arthroplasty. X-rays indicated left knee with Osteoarthritis; right knee with advanced osteoarthritis and TKR in good position. Exam showed post-operative range in right knee of -5 to 100 degrees range; 5+quad strength. Request was for Synvisc injections to bilateral knees with 3 injections per knee. The requests for bilateral Synvisc injections were modified to authorize for the left knee; however, the request(s) for 3 Synvisc injections to right knee was non-certified on 11/13/14. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, 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 patient had recent right total knee replacement on 4/4/14. Follow-up x-rays indicated advance osteoarthritis with total knee replacement in good position. Exam showed functional range with good quadriceps strength of 5+. Synvisc injections may be an option for treatment of OA to delay TKA; however, the patient had recent TKA. Submitted reports have not demonstrated clear supportive findings for the injection request. The 3 Synvisc injections to right knee are not medically necessary and appropriate.