

<b>Case Number:</b>	CM14-0208080		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	10/21/2009
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 54 year old female with an injury date of 10/21/09. Based on the 11/17/14 progress report provided by treating physician, the patient complains of bilateral knee pain rated 3-4 and 9/10 with activity. Patient is status post left knee surgery. Patient has an antalgic gait to the right. Physical examination on 10/27/14 and 11/17/14 revealed healed scars in the left knee; and right knee crepitus and effusion with joint line tenderness. Range of motion to the right knee was 0-93 degrees. Patient has been dispensed Hydrocodone, Prilosec, Relafen, Ultram and Zofran, per treater report dated 06/17/14. Treater states in progress report dated 11/17/14 that patient "needs Synvisc first and if not better will need Synvisc and TKR." The patient is temporarily totally disabled. Diagnosis 06/17/14, 10/27/14, 11/17/14 - MRI left shoulder-massive rotator cuff tear - MRI right knee degenerative joint disease and meniscus tear, no surgery yet - status post left knee arthroscopy, September of 2009. The utilization review determination being challenged is dated 11/24/14. The rationale is "...evidence of significantly symptomatic bilateral knee osteoarthritis (as described by ODG) was not documented." Treatment reports were provided from 07/28/14 - 11/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc one injection 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, Knee & Leg, 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 & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections

**Decision rationale:** The patient is status post left knee arthroscopy, September of 2009, and presents with bilateral knee pain rated 3-4 and 9/10 with activity. The request is for SYNVISIC ONE INJECTION LEFT KNEE. Per patient's diagnosis on 11/17/14, MRI of the right knee revealed degenerative joint disease and meniscus tear, no surgery. Patient has an antalgic gait to the right. Physical examination on 10/27/14 and 11/17/14 revealed healed scars in the left knee; and right knee crepitus and effusion with joint line tenderness. Range of motion to the right knee was 0-93 degrees. Patient has been dispensed Hydrocodone, Prilosec, Relafen, Ultram and Zofran, per treater report dated 06/17/14. The patient is temporarily totally disabled. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections states: "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. Criteria for Hyaluronic acid injections: Generally performed without fluoroscopic or ultrasound guidance; Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. Treater states in progress report dated 11/17/14 that patient "needs Synvisc first and if not better will need Synvisc and TKR." MRI showed degeneration and exam showed crepitus with effusion but the findings are for the RIGHT knee and not for the left knee for which Synvisc is requested. The reports do not provide any documentation of significant arthritis of the left knee and the requested Synvisc IS NOT medically necessary.

**Synvisc one injection right knee:** Overtaken

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, 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 & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections

**Decision rationale:** The patient is status post left knee arthroscopy, September of 2009, and presents with bilateral knee pain rated 3-4 and 9/10 with activity. The request is for SYNVISIC

ONE INJECTION RIGHT KNEE. Patient has an antalgic gait to the right. Physical examination on 10/27/14 and 11/17/14 revealed healed scars in the left knee; and right knee crepitus and effusion with joint line tenderness. Range of motion to the right knee was 0-93 degrees. Patient has been dispensed Hydrocodone, Prilosec, Relafen, Ultram and Zofran, per treater report dated 06/17/14. The patient is temporarily totally disabled. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections states: "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. Criteria for Hyaluronic acid injections: Generally performed without fluoroscopic or ultrasound guidance; Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarsophalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. Treater states in progress report dated 11/17/14 that patient "needs Synvisc first and if not better will need Synvisc and TKR." UR letter dated 11/24/14 states "...evidence of significantly symptomatic bilateral knee osteoarthritis (as described by ODG) was not documented." However, per patient's diagnosis on 11/17/14, MRI of the right knee revealed degenerative joint disease and meniscus tear, no surgery. Treater has documented osteoarthritis for which injection would be indicated according to guidelines. Therefore, the request for Synvisc to the RIGHT knee IS medically necessary.