

<b>Case Number:</b>	CM15-0008083		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	12/14/2009
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 59 year old female, who sustained an industrial injury on 12/14/2009. The diagnoses have included bilateral knee osteoarthritis, lumbar spine sprain and sciatica of the left lower extremity. Past medical history included diabetes mellitus and hypertension. Treatment to date has included lumbar epidural injections and lumbar surgery, rehabilitation therapy after the lumbar surgery, cervical fusion and pain medications. According to the orthopedic follow-up examination from 11/4/2014, the injured worker complained of lower back pain and bilateral knee pain. The injured worker was on Norco for pain; she stated the Norco was not helping much. It was noted that she was approved for aqua therapy, but she never went. Left knee pain was greater than right. Objective findings revealed that left knee range of motion was limited by pain. Left knee had positive McMurray's sign. Authorization was requested for a Synvisc injection in the right and left knee under ultrasound guidance. The injured worker was to go for physiotherapy for her lower back as well as for her knees. On 12/23/2014, Utilization Review (UR) non-certified a request for a left knee Synvisc Injection under ultrasound guidance, noting that there was insufficient information to determine medical necessity. UR noted the absence of diagnostic imaging of the knee or prior conservative treatments. The ACOEM Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee Synvisc injection under U/S guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation knee, hyaluronic acid injections

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. Per the ODG section on leg and knee and hyaluronic acid injections, criteria for injections include patients who experience significantly symptomatic osteoarthritis without adequate response to conservative non-pharmacological and pharmacological treatments, documented symptomatic severe osteoarthritis of the knee, pain interferes with functional activities, failure to respond to aspiration and injection of intra-articular steroids, not candidates for total knee replacements and not indicated for any other indications. The patient has failed conservative therapy including cortisone injections, physical therapy and aqua therapy. However the patient does not have the confirmed diagnosis or diagnostic confirmation of osteoarthritis of the left knee. The left knee issue are described as compensatory pain from the right knee. Therefore the request is not certified.