

<b>Case Number:</b>	CM15-0101140		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	01/06/2009
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61-year-old female, with a reported date of injury of 01/06/2009. The diagnoses include bilateral knee osteoarthritis, left knee arthrosis, and status post left knee surgery. Treatments to date have included Synvisc injection to the left knee. The progress report dated 04/14/2015 is handwritten and somewhat illegible. The report indicates that the injured worker tolerated the first Synvisc injection to the left knee well, and he was at the appointment for left knee injection number two. The objective findings include bilateral knee tenderness, decreased range of motion, and cane assistance. The treatment plan included the return of the injured worker in four weeks for injection number three. The orthopedic consultation dated 02/10/2015 indicates that the injured worker complained of left knee/leg pain. The objective findings include an antalgic gait, use of a cane, positive crepitus, positive grind test, mild effusion, decreased motor strength, and flexion with pain. The treating physician requested left knee Synvisc injection numbers two and three.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Synvisc Injection number 2 and 3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee/Leg, Hyaluronic acid injections.

**Decision rationale:** The patient presents with pain affecting the left knee and leg. The current request is for Left Knee Synvisc Injection number 2 and 3. The treating physician report dated 2/10/15 (9B) states, "This patient has suffered an injury that has left dysfunction, disability, chronic pain and the trials of rest, time off work, therapy, medications and all other conservative methods have failed. This patient is faced with the choice of attempting to live with the pain or undergoing surgical intervention in the form of both knees synvisc-one) left knee followed by right)." The MTUS guidelines are silent on Synvisc injections. The ODG Knee & Leg guidelines state Hyaluronic acid injections are, "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." The ODG guidelines go into further detail for the criteria of Hyaluronic acid injections and states, "Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement." The guidelines go on to state further criteria such as "Failure to adequately respond to aspiration and injection of intra-articular steroids". The medical reports provided, show evidence that the patient has received one previous synvisc injection. In this case, the current request for 2 additional synvisc injections is not supported by the ODG guidelines as the patient is status post failed left knee arthroscopy (February 2012) (8B). Furthermore, there is no evidence in the documents provided for review that the patient has failed to respond to a steroid injection of the left knee as required by the ODG. The current request does not satisfy the ODG guidelines as outlined in the Knee and Leg chapter regarding Hyaluronic injections. This request is not medically necessary.