

<b>Case Number:</b>	CM15-0018146		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	06/23/2008
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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, Arizona  
 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 42-year-old male who reported an injury on 06/28/2008. The injured worker was reportedly assaulted by a client. The current diagnoses include industrial injury to the bilateral knees, industrial injury to the bilateral shoulders, right knee arthroscopy with revision surgery in 2010, left knee arthroscopy in 2009, left shoulder arthroscopy in 2013, and a full thickness rotator cuff tear. The injured worker presented on 12/17/2014 for a follow-up evaluation. The injured worker was status post Synvisc 1 viscosupplementation injections into the bilateral knees in 2012 and 2013. It was noted that the injured worker received approximately 6 to 8 months of relief. Upon examination, there was positive patellofemoral crepitation, as well as patellofemoral grind testing. Recommendations included bilateral Synvisc injections. A Request for Authorization form was then submitted on 12/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc 1 injection for the right knee quantity 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Integrated Treatment/Disability Duration Guidelines, Knee and Leg Chapter.

**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 Chapter, Hyaluronic acid injection.

**Decision rationale:** The Official Disability Guidelines recommend hyaluronic acid injections for patients who experience significantly symptomatic osteoarthritis and have not responded adequately to recommended conservative treatment. In this case, there was no documentation of symptomatic severe osteoarthritis of the knee upon examination. There was no evidence of a significant functional limitation. There was also no documentation of a failure to adequately respond to aspiration on injection of intra-articular steroids. Although it is noted that the injured worker reported an improvement in symptoms, there was no objective evidence of functional improvement following the initial procedures. Additionally, there was no evidence of a recent attempt at nonpharmacologic and pharmacologic treatment prior to the request for Synvisc injections. Given the above, the request is not medically appropriate in this case.

**Synvisc 1 injection for the left knee quantity 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Integrated Treatment/Disability Duration Guidelines, Knee and Leg Chapter.

**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 Chapter, Hyaluronic acid injection.

**Decision rationale:** The Official Disability Guidelines recommend hyaluronic acid injections for patients who experience significantly symptomatic osteoarthritis and have not responded adequately to recommended conservative treatment. In this case, there was no documentation of symptomatic severe osteoarthritis of the knee upon examination. There was no evidence of a significant functional limitation. There was also no documentation of a failure to adequately respond to aspiration on injection of intra-articular steroids. Although it is noted that the injured worker reported an improvement in symptoms, there was no objective evidence of functional improvement following the initial procedures. Additionally, there was no evidence of a recent attempt at nonpharmacologic and pharmacologic treatment prior to the request for Synvisc injections. Given the above, the request is not medically appropriate in this case.