

<b>Case Number:</b>	CM15-0144209		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	03/10/2013
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### 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 71-year-old male who sustained an industrial/work injury on 3-10-13. He reported an initial complaint of sharp left knee pain. The injured worker was diagnosed as having osteoarthritis of lower leg and internal derangement of knee. Treatment to date includes medication, Synvisc injection, activity modification, and physical therapy. MRI results were reported on 6-5-14 of the left knee that demonstrated severe medial compartment arthrosis with diffuse full thickness cartilage loss. Currently, the injured worker complained of increased left knee pain and swelling. Symptoms are limiting activity. Prior Synvisc injection was beneficial. Per the primary physician's report (PR-2) on 6-25-15, exam notes small effusion, mild quadriceps atrophy, pain with palpation over the patella, medial joint line and lateral joint line and patellafemoral crepitus. The requested treatments include Synvisc injection to the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc injection to the 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 (ODG-TWC), Chapter: 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 Chapter, Hyaluronic acid injections.

**Decision rationale:** Regarding the request for Synvisc injection to the left knee, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Guidelines go on to state that the injections are generally performed without fluoroscopic or ultrasound guidance. Within the documentation available for review, there is documentation of previous hyaluronic acid injections. However, there is no documentation of significant improvement in symptoms and function for 6 months or more after the previous injections. Additionally, there is no documentation of failure of conservative management including aspiration and injection of intra-articular steroids. In the absence of such documentation, the currently requested Synvisc injection to the left knee is not medically necessary.