

<b>Case Number:</b>	CM15-0169334		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	03/14/2014
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old female who sustained an industrial injury on 03-14-2014. Current diagnoses include lumbar sprain-strain, lumbar radiculopathy, and internal derangement of the knee. Report dated 08-12-2015 noted that the injured worker presented with complaints that included bilateral knee pain. The cortisone injection did not help the left knee. The injured worker had an episode where her knees gave out and she fell. She also complains of numbness and tingling in her legs with prolonged standing and walking, and depressive symptoms. Physical examination was positive for palpable spasm in the lumbar paraspinal muscles and tenderness, decreased range of motion in the lumbar spine, left knee joint line is tender and positive McMurray's on the left. Previous treatments included medications, chiropractic care, stretching, and cortisone injection left knee. The treatment plan included continue medications as before, follow up with the orthopedic surgeon, order a psych evaluation, and request for a Synvisc injections for the left knee. The injured worker is on modified work with restrictions, and if not available then temporary total disability. Request for authorization dated 08-12-2015, included requests for psychological evaluation and Synvisc injections to the left knee. The utilization review dated 08-20-2015, non-certified the request for Synvisc, one injection in the left knee based on the following rational. "The record review does not indicate a diagnosis of severe osteoarthritis or elaborate on the outcome of pharmacological treatments to substantiate the need for Synvisc injections. While the claimant received a cortisone injection to the left knee that did not help, there are no diagnostic studies or significant objective findings that support severe osteoarthritis of the left knee."

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc, one injection (viscosupplementation) in 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) 2013 (online version) 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 Chapter/Hyaluronic Acid Injections Section.

**Decision rationale:** The MTUS Guidelines do not address viscosupplementation. The ODG recommends hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments or to potentially delay total knee replacement. The use of hyaluronic acid injections is not recommended for other knee conditions, and the evidence that hyaluronic acid injections are beneficial for osteoarthritis is inconsistent. Repeat injection may be reasonable if documented significant improvement in symptoms for 6 months or more, and symptoms recur. In this case, the available documentation does not provide evidence that the injured worker suffers from severe osteoarthritis that is nonresponsive to conservation pharmacological treatment. The request for Synvisc, one injection (viscosupplementation) in the left knee is determined to not be medically necessary.