

<b>Case Number:</b>	CM15-0184726		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	02/28/2010
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Washington, 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 55 year old female, who sustained an industrial injury on 02-28-2010. She has reported subsequent bilateral knee pain and was diagnosed with bilateral knee osteoarthritis. MRI of the left knee on 11-15-2012 was noted to show chronic tear in the body and both horns of the medial meniscus with extrusion, degenerative osteoarthritis and prepatellar bursitis and knee effusion. Treatment to date has included oral and injectable pain medication, epidural steroid injections, acupuncture, viscosupplementation and surgery. In a progress note dated 05-28-2015, the physician noted that the injured worker had undergone viscosupplementation to the left knee over a year ago with excellent results from the injections and a significant decrease in pain. However, there has been recent worsening of pain. In a progress note dated 07-23-2015, the injured worker reported continued pain relief from prior viscosupplementation of the right knee. The physician noted that the injured worker's left knee was injected with corticosteroid last visit, which provided excellent pain relief until two weeks prior. Synvisc injections were noted to have been denied. Objective examination findings of the left knee revealed exquisite tenderness to palpation over the medial joint line, tenderness to palpation over the lateral joint line, moderate effusion, and range of motion from 0 to 125 degrees and tenderness to palpation at the medial and lateral patellar facets. The physician noted that the injured worker had an excellent response to viscosupplementation of the left knee in the past, that these can be indicated every six months and that the injured worker was well over the six-month mark for the left knee. A request for authorization of Synvisc injections x 3 for the left knee was submitted. As per the 08-19-2015 utilization review, the request for Synvisc

injections x 3 for the left knee was non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Synvisc injections x3 for 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) Knee & Leg Chapter, Hyaluronic acid injections.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, Summary. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons Clinical Practice Guideline: Treatment of Osteoarthritis of the Knee, 2nd edition, pg 9-10.

**Decision rationale:** Synvisc is a highly purified form of hyaluronic acid (HA) used for viscosupplementation of joints. Viscosupplementation is a procedure in which hyaluronic acid is injected into the knee joint. Hyaluronic acid is a naturally occurring substance found in synovial (joint) fluid. The concept for its use is that since it acts as a lubricant for the knee joint, injecting more of it into the joint should enable smoother motion of the joint and improve the shock absorber effect for joint loads thus decreasing the patient's pain. The MTUS does not comment specifically on viscosupplementation, however, the American Academy of Orthopedic Surgeons reviewed the literature on this procedure and noted no statistically significant improvement with this therapy. They gave a strong recommendation against using hyaluronic acid for patients with symptomatic osteoarthritis of the knee. Even though prior viscosupplementation was helpful for this patient, there is no scientific evidence or clinical practice guideline support for this procedure. Medical necessity to use viscosupplementation has not been established. The request is not medically necessary.