

<b>Case Number:</b>	CM15-0195833		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	01/07/2010
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 50 year old female, who sustained an industrial injury on 01-07-2010. She has reported subsequent left knee pain and was diagnosed with patellar fracture of the left knee in 2010 status post left knee arthroscopy in 2011. Treatment to date has included pain medication and multiple Synvisc injections. Synvisc injections were documented to provide significant pain relief and functional improvement. In the 08-27-2014 progress note, the injured worker noted that since the last Synvisc injection, the effects have worn off and that she was beginning to feel achiness and stiffness of the left knee. The degree of pain was not quantified and the degree of pain relief from Synvisc injection was not provided. Objective findings showed well-healed arthroscopic portals, range of motion of 0 to 130 degrees, tenderness to the patellofemoral articulation, positive patellofemoral crepitation and tenderness to the distal quadriceps tendon. In the most recent progress note dated 02-11-2015, the injured worker presented for orthopedic re-evaluation of her left knee and was noted as being seen to receive a Synvisc one injection. The last injection was noted to be provided on 08-27-2014. The physician noted that the injured worker reported receiving approximately six months of relief and that now the previous injection was wearing off. The injured worker reported achiness, stiffness, pain and swelling with prolonged weight bearing and conservative modalities were providing no mitigating effects. The severity of pain was not quantified. Objective examination findings revealed well-healed arthroscopic portals of the left knee with positive patellofemoral crepitation, positive grind and tenderness to palpation along the medial aspect. The physician indicated that the injured worker could receive Synvisc injections every 6-12 months as

indicated. Work status was documented as temporarily totally disabled "until the 13th of February and she will be released for regular work duties on the 14th." A request for authorization of Synvisc one injection x 1 left knee was submitted. As per the 08-31-2015 utilization review, the request for Synvisc one injection x 1 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 one injection x 1 left knee: Overturned**

**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 and Leg Procedure Summary Online Version last updated 05/05/2015.

**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 and pg 35.

**Decision rationale:** According to the guidelines, Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm<sup>3</sup>); Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids; Generally performed without fluoroscopic or ultrasound guidance; 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. Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence. In this case, the claimant has had Synvisc injections nearly every 6 months for the past few years. There is no evidence of inflammatory arthritis. There is crepitation, bony tenderness and age of 50. Prior injections have provided 6 months of relief. The request for another Synvisc injection is medically necessary and appropriate.