

<b>Case Number:</b>	CM15-0198915		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	12/10/2010
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 43 year old male who sustained an industrial injury December 10, 2010. Past history included right knee surgery March 2011 and left knee surgery March 2012. Diagnoses are cervical spine strain; thoracic spine strain; lumbar spine disc bulge; left elbow lateral humeral epicondyle; failed right knee surgery. According to a primary treating physician's handwritten progress report dated September 2, 2015, the injured worker presented with complaints of ongoing erectile problem, constant low back pain radiating to the left leg and bilateral knee pain. He reported right hand pain with numbness and tingling from using a cane for assistance with walking. Some handwritten notes are difficult to decipher. He had therapy in the past (December 2014) which helped and recommended trying again to increase mobility, decrease medication and manage pain. Objective findings included; single point cane, good condition; painful range of motion lumbar spine and bilateral knees; light touch sensation- left anterior thigh intact, left lateral ankle intact, left lateral calf intact. Treatment plan included recommendations for physical and chiropractic therapy, consultation with an orthopedic specialist, foot surgeon and hand surgeon and with pain medicine. At issue, is the request for authorization dated September 2, 2015, for a Synvisc injection for the left knee. (Current medical records unclear if previous injections administered) Electrodiagnostic studies report dated February 24, 2015 (report present in the medical record) impression; evidence of a moderate bilateral carpal tunnel syndrome (median nerve entrapment at wrist) affecting sensory and motor components. A drug adherence assessment report dated March 12, 2015 is present in the medical record and inconsistent with prescribed medications. According to utilization

review dated September 15, 2015, the request for Synvisc injection; Left Knee x (1) is non-certified.

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

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

#### **Synvisc Injection - Left Knee 1x1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Hyaluronic acid injections.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 36.

**Decision rationale:** According to the guidelines, knee hyalurnic acid injections are indicated for those over 50 with signs of osteoarthritis. In this case, the claimant does not have arthritis as defined in the guidelines. The request for a Synvisc injection is not medically necessary.