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| <b>Case Number:</b>   | CM15-0205227 |                              |            |
| <b>Date Assigned:</b> | 10/22/2015   | <b>Date of Injury:</b>       | 03/31/2011 |
| <b>Decision Date:</b> | 12/08/2015   | <b>UR Denial Date:</b>       | 09/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/19/2015 |

### 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: Texas, New York, 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 applicant is a represented [REDACTED] who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 31, 2011. In a Utilization Review report dated September 11, 2015, the claims administrator failed to approve a request for Synvisc (viscosupplementation) injections. An August 31, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On July 20, 2015, the applicant reported ongoing complaints of low back and left knee pain. The applicant exhibited a limp about the left knee, the treating provider reported. The treating provider referenced x-rays of the left knee dated July 20, 2015 demonstrating only slight narrowing of the medial compartment. The attending provider also referenced MRI imaging of the left knee dated July 3, 2015, demonstrating a lateral patellar tilt with associated knee effusion. Work restrictions were endorsed, although the treating provider suggested that the applicant's employer was unable to accommodate said limitations, resulting in the applicant's seeming removal from the workplace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 synvisc injections 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, Knee and Leg (Acute and Chronic): Hyaluronic Acid Injections.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 687, Viscosupplementation Injections.

**Decision rationale:** No, the request for 3 Synvisc (viscosupplementation) injections to the left knee was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 13, page 339 notes that invasive techniques such as the viscosupplementation injections at issue are "not routinely indicated." While a more updated Medical Treatment Guideline (MTG) in the form of the Third Edition ACOEM Guidelines acknowledges that viscosupplementation (Synvisc) injections are indicated in the treatment of moderate-to-severe knee osteoarthritis. However, a progress note of July 20, 2015 was notable for commentary to the effect that the applicant only had slight narrowing of the medial compartment noted on knee x-rays of July 20, 2015. It did not appear that the applicant had issues with advanced or moderate-to-severe knee osteoarthritis for which the viscosupplementation (Synvisc) injections at issue were indicated. Therefore, the request was not medically necessary.