

<b>Case Number:</b>	CM15-0208573		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	02/19/2009
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 60 year old female, who sustained an industrial injury on February 19, 2009, incurring bilateral knee and right ankle injuries. She had previous injuries to her knees in the past. She was diagnosed with bilateral medial meniscus tear and lateral meniscus tear and a right sprained ankle, degenerative joint disease and osteoarthritis. Treatment included physical therapy, pain medications, anti-inflammatory drugs, sleep aides, Synvisc supplementation medication to both knees and work restrictions. She had Synvisc injections in the right knee on November 25, 2014 with improvement in pain. Her third Synvisc injection for the left knee was given on September 15, 2015. She underwent medial meniscectomy of the right knee. Her pain was worsened by activities of daily living such as walking up and down stairs, kneeling, squatting, lifting and carrying. She noted increased pain with cold weather. Currently, the injured worker complained of ongoing right and left knee pain. She was noted to have findings consistent with chondromalacia and degenerative joint disease post medial meniscectomy. The treatment plan that was requested for authorization included a series of three Synvisc injections to the right knee. On September 24, 2015, a request for Synvisc injections was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc injection right knee; series of three (3) injections: 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 and Leg. Hyaluronic acid injections section.

**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.

**Decision rationale:** Regarding the request for Synvisc injection right knee; series of three (3) injections, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Guidelines go on to state that the injections are generally performed without fluoroscopic or ultrasound guidance. ODG states that if there is significant improvement in symptoms for 6 months or more, and symptoms recur, it may be reasonable to do another series. ODG also states that there needs to be documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. Within the documentation available for review, there is no documentation of symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. However, there is documentation of previous hyaluronic acid injections but there is no documentation of analgesic efficacy (in terms of specific percent reduction in pain or reduced NRS), objective functional improvement, or duration of effect. Additionally, there is no documentation of failure of conservative management including aspiration and injection of intra-articular steroids to the right knee. In the absence of such documentation, the currently requested Synvisc injection right knee; series of three (3) injections are not medically necessary.