

<b>Case Number:</b>	CM15-0039223		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	07/31/2002
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 67 year old male with an industrial injury dated July 31, 2002. The injured worker diagnoses include cervical spine spondylosis C5-C6 and C6-C7 with upper extremity radiculitis, right shoulder subacromial impingement syndrome with possible rotator cuff tear, left shoulder subacromial impingement syndrome status post four surgeries with persistent symptoms, multilevel lumbar degenerative disc disease and spondylosis with facet arthropathy and disc bulge causing neuroforaminal stenosis, left knee pain associated with chondromalacia of the patella status post left knee arthroscopy, and neuropathic pain in the left shoulder and left lower extremity. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, 7 acupuncture treatments, four surgeries to the left shoulder, chiropractic treatment for lower back, left arthroscopic knee surgery, left greater trochanteric bursa injection on 12/15/2014, orthopedic consultation and periodic follow up visits. According to the progress note dated 2/11/2015, the injured worker reported left shoulder pain with restrictive range of motion, right shoulder pain, low back pain, left knee pain and pain over the left lateral hip over the greater trochanter. Lower extremity exam revealed bilateral negative straight leg raise exam and point tenderness over the left greater trochanteric bursa. Sensory exam revealed slight decrease hypoesthesia in bilateral calves. Reflex testing revealed tenderness to palpitation over the inferior patella with no joint laxity. Treatment plan consist of prescribed medications and follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc One injection 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 (updated 2/5/15).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain (Chronic), Hyaluronic acid injections.

**Decision rationale:** According to the official disability guidelines, hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for injured workers who have not responded adequately to recommended conservative treatments such as exercise, NSAIDs or acetaminophen after 3 months. Other criteria include, age over 50 years, pain that interferes with functional activities (ambulation, prolonged standing) and not attributed to other forms of joint disease, failure to respond to aspiration and injection of intra-articular steroids, 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. According to the documents available for review, the injured worker does not have a diagnosis of severe osteoarthritis and does not meet the above outlined criteria for use. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.