

<b>Case Number:</b>	CM15-0039249		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/04/2015
<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 41 year old female who sustained a work related injury on August 7, 2013, after falling and twisting her back and injuring her left knee, left elbow, left shoulder and right big toe. Treatment included anti-inflammatory drugs, cortisone injections in the shoulder and knee and pain medications. She was diagnosed with a left knee sprain, right knee sprain, cervical and thoracic strain and left shoulder strain. Currently, in November, 2014, the injured worker complained of persistent pain in her knee. Magnetic Resonance Imaging (MRI) was unremarkable. She continued with pain management and physical therapy. On February 4, 2015, a request for Synvisc injection, to the left knee times three was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines American College of Occupational and Environmental Medicine Guidelines and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc injection, Left Knee x 3:** 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, Hyaluronic acid injections.

**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 nor does she meet the requirements as set forth in the ODG. Therefore, at this time the requirements for treatment have not been met, and medical necessity has not been established.