

<b>Case Number:</b>	CM15-0052858		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	12/11/2001
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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, 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 was a 69 year old male, who sustained an industrial injury, December 11, 2001. The injured worker previously received the following treatments Vicodin, Clonazepam, Omeprazole, Geodone, Insulin and Cozar, random toxicology laboratory studies and psychological services. The injured worker was diagnosed with anxiety, depressive disorder, and pain in the joint of the lower extremity, bilateral knee arthritis, rotator cuff sprain/strains and posttraumatic stress disorder. According to progress note of March 6, 2015, the injured workers chief complaint was pain in the bilateral knees. The osteoarthritis pain of the bilateral knees was gradually increasing. The injured worker rated the pain at 5-8 out of 10; 0 being no pain and 10 being the worse pain. The physical exam noted the knee with full range of motion with pain with full flexion, there was significant patella femoral crepitus, mild effusion bilaterally and 5/5 strength. The patient has had antalgic gait, unable to do heel toe walk, tenderness on palpation and negative Lachman test and negative Pivot and positive valgus test. The treatment plan included Synvisc injection into the left knee times 3, Synvisc 2cc vial times 6 (3 injections each right knee and left knee) and Synvisc injections into the right knee times 3. The patient had received Synvisc injections in 2012. The medication list include Vicodin, Clonazepam, Cozaar and Omeprazole. The past medical treatment include bilateral knee osteoarthritis. The patient's surgical history include bilateral mastectomy due to breast cancer. Patient has received an unspecified number of PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SYNVISC INJECTIONS 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 Disabilities Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 02/27/15) Hyaluronic acid injections.

**Decision rationale:** Request: SYNVISC INJECTIONS LEFT KNEE X 3. California Medical Treatment Utilization Schedule (CA MTUS) Chronic Pain guidelines and American College of Occupational and Environmental Medicine(ACOEM), Occupational Medicine Practice Guidelines, 2nd Edition, does not address this request. Therefore, ODG guidelines are used. Per the ODG Guidelines, Hyaluronic acid or Hylan injection (Synvisc injection) are recommended in patients who, "Experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications); Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement; Younger patients wanting to delay total knee replacement." A physical examination of the knee revealed full ROM and 5/5 strength. Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The records provided did not specify response to standard non-pharmacologic and pharmacologic treatments. Any evidence of intolerance to standard non pharmacologic and pharmacologic treatments (e.g., gastrointestinal problems related to anti inflammatory medications) was not specified in the records provided. The pt has received Synvisc injections in the past. The detailed response to the previous Synvisc injections was not specified in the records provided. The medical necessity of the request for SYNVISC INJECTIONS LEFT KNEE X 3 is not fully established in this patient.

**SYNVISC 2CC VIAL X6 (3 INJECTIONS EACH RIGHT KNEE/LEFT KNEE): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 02/27/15) Hyaluronic acid injections.

**Decision rationale:** Request: SYNVISC 2CC VIAL X6 (3 INJECTIONS EACH RIGHT KNEE/LEFT KNEE). California Medical Treatment Utilization Schedule (CA MTUS) Chronic Pain guidelines and American College of Occupational and Environmental Medicine(ACOEM), Occupational Medicine Practice Guidelines, 2nd Edition, does not address this request. Therefore, ODG guidelines are used. Per the ODG Guidelines, Hyaluronic acid or Hylan injection (Synvisc injection) are recommended in patients who, "Experience significantly

symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications); Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement; Younger patients wanting to delay total knee replacement." A physical examination of the knee revealed full ROM and 5/5 strength. Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The records provided did not specify response to standard non pharmacologic and pharmacologic treatments. Any evidence of intolerance to standard non pharmacologic and pharmacologic treatments (e.g., gastrointestinal problems related to anti inflammatory medications) was not specified in the records provided. The pt has received Synvisc injections in the past. The detailed response to the previous Synvisc injections was not specified in the records provided. As the medical necessity of the INJECTIONS EACH RIGHT KNEE/LEFT KNEE is not fully established the medical necessity of the SYNVISIC 2CC VIAL X6 is also not established. The medical necessity of the request for SYNVISIC 2CC VIAL X6 (3 INJECTIONS EACH RIGHT KNEE/LEFT KNEE) is not fully established in this patient.

### **SYNVISIC INJECTIONS RIGHT KNEE X3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 02/27/15) Hyaluronic acid injections.

**Decision rationale:** Request: SYNVISIC INJECTIONS RIGHT KNEE X3. California Medical Treatment Utilization Schedule (CA MTUS) Chronic Pain guidelines and American College of Occupational and Environmental Medicine(ACOEM), Occupational Medicine Practice Guidelines, 2nd Edition, does not address this request. Therefore, ODG guidelines are used. Per the ODG Guidelines, Hyaluronic acid or Hylan injection (Synvisc injection) are recommended in patients who, "Experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications); Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement; Younger patients wanting to delay total knee replacement." A physical examination of the knee revealed full ROM and 5/5 strength. Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The records provided did not specify response to standard non-pharmacologic and pharmacologic treatments. Any evidence of intolerance to standard non pharmacologic and pharmacologic treatments (e.g., gastrointestinal problems related to anti-inflammatory medications) was not specified in the records provided. The pt has received Synvisc injections in the past. The detailed response to the previous Synvisc injections was not specified in the records provided. The medical necessity of the request for SYNVISIC INJECTIONS RIGHT KNEE X3 is not fully established in this patient.