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| <b>Case Number:</b>   | CM15-0089913 |                              |            |
| <b>Date Assigned:</b> | 05/14/2015   | <b>Date of Injury:</b>       | 05/03/2010 |
| <b>Decision Date:</b> | 06/15/2015   | <b>UR Denial Date:</b>       | 04/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/11/2015 |

### 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: Arizona, 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 is a 57 year old female, who sustained an industrial injury on 5/3/10. She has reported initial complaints of immediate pain in the right knee, left wrist and low back after slipping and falling at work. The diagnoses have included status post right knee arthroscopy, right knee pain secondary to chondromalacia patella and left wrist tendinitis. Treatment to date has included medications, conservative care, diagnostics, right knee surgery, physical therapy, activity modifications, and home exercise program (HEP). Currently, as per the physician progress note dated 4/6/15, the injured worker complains of left wrist and hand pain with weakness, loss of grip strength in the hand and wrist and tingling in the hands and fingers. She complains of continuous pain in the right knee that radiates down to the right foot. It was noted that she experiences shocking sensations. She reports that she has experienced buckling and locking with weakness in the knee which has caused her to lose her balance. There is also clicking, cracking and popping in the knee. The pain is aggravated by activity and she has difficulty sleeping due to pain. The physical exam reveals tenderness over the distal radius and the carpus on the left. The right knee exam revealed an incision. There is patellar crepitus and tenderness noted with firm compression on the right. It is noted that the patellar grind is positive on the right and there is tenderness noted at the medial and lateral patellar facets on the right. The diagnostic testing that was performed included x-ray of the right knee reveals mild joint space narrowing, and mild subchondral sclerosis. The current medications included Naproxen and Prilosec. The physician noted that due to the x-ray findings of mild degenerative changes she

is an excellent candidate for injections to the knee. The physician requested treatment included Synvisc injections times three for the right knee.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Synvisc injections x 3 for the right 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 and Leg Chapter, Hyaluronic Acid Injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Knee chapter 34.

**Decision rationale:** According to the guidelines: Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months;- Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm<sup>3</sup>); Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed. In this case, the claimant has chondromalacia patella rather than osteoarthritis. In addition, the claimant had did not have all the criteria above. Based on the guidelines above, the request for Synvisc injections is not medically necessary.