

<b>Case Number:</b>	CM13-0037762		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 45 year old male presenting with low back pain and bilateral knee pain following a work related injury on 8/2/2012. The claimant reported that the left knee is worse than the right knee. X-rays of the left knee on 9/04/2012 was significant for patellofemoral arthrosis with lateral placement, left greater than right, minimal narrowing in the medial compartment without evidence of effusion. MRI of the left knee on 8/30/2012 was significant for a small knee joint effusion, 5 mm focus of moderate chondromalacia centrally at the posterior aspect of the lateral tibial plateau. The physical exam was significant for pain with retropatella pressure, painful positive grinding, medial joint line tenderness. The claimant's medication include amlodipine 10mg and Tylenol/Codeine #3 300mg. The claimant was diagnosed with degenerative joint disease and Patellofemoral compression syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc injections x3 to the left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Synvisc injection x 3 to the left knee is not medically necessary. The ODG states "Hyaluronic acid injections are recommended as an option for osteoarthritis. Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. Criteria for Hyaluronic acid or Hylan are a series of three to five intra-articular injections of Hyaluronic acid (or just three injections of Hylan) in the target knee with an interval of one week between injections. Indicated for patients who; 1) experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (gastrointestinal problems related to anti-inflammatory medications). 2) Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement. 3) Younger patients wanting to delay total knee replacement. 4) Repeat series of injections: if relief for 6-9 month and symptoms recur, may be reasonable to do another series. Recommend no more than 3 series of injections over a 5-year period, because effectiveness may decline, this is not a cure for arthritis, but only provides comfort and functional improvement to temporarily avoid knee replacement." The medical records do not document that the enrollee has not adequately responded or has a contraindication to standard pharmacological treatments including anti-inflammatories. Additionally, there is no documentation that the claimant is not a candidate for total knee replacement surgery; therefore, the request is not medically necessary.