

<b>Case Number:</b>	CM14-0143611		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/27/2000
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California, Florida and New York. 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/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 injured worker is a 58-year-old male who reported an injury on 01/27/2006. The injured worker sustained orthopedic injuries to his lumbar spine, cervical spine, both knees, and both lower extremities. He also allegedly developed headaches, high blood pressure, neurological disorder varicose veins, and blood clot. The injured worker's treatment history included MRI studies, physical therapy, surgery, Synvisc injections to the left knee, TENS unit on both knees, and medications. In the documentation submitted on 05/26/2014, it was documented that the injured worker described his left knee pain as constant. Sometimes pain was achy with sharp pain in the back of his knee. Sometimes he has stiffness and clicking. He rated his knee pain on the left at 3/10 on the pain scale. The pain was an average of 5/10 to 6/10, and 6/10 being the worst. The injured worker stated that his left knee pain was made better with rest, ice/heat, physical therapy, and a few weeks with Synvisc injections. It was documented that the injured worker had an injury in 1970 that occurred while he was playing hockey to his left knee. He had undergone an arthroscopic surgery and fully recovered with no residual problems until his current injury in 2001. The injured worker was evaluated on 05/20/2014 and 06/09/2014. It was documented that the injured worker complained of constant right sided tension headaches, and at times, vascular headaches associated with nausea described as 10/10. The injured worker reported constant numbness and tingling of the left foot and occasional numbness and tingling of the right foot. He reported weakness of the bilateral limbs, including the ankles. The injured worker has been receiving Synvisc injections approximately since 05/27/2003. Diagnoses included primary localized osteoarthritis lower leg right ankle pain and arthroscopy left knee. Request for Authorization was not submitted for this review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **SYNLSC 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)

**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 (Acute & Chronic), Hyaluronic Acid Injections.

**Decision rationale:** Per the Official Disability Guidelines (ODG), Synvisc injection is only recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen) to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). The documents submitted indicated the injured worker has been receiving Synvisc injections to the left knee since 05/06/2003 with no functional improvement. As such, the request for Synvisc One Injection, Left Knee is not medically necessary.