

<b>Case Number:</b>	CM15-0104492		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	02/15/2011
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59 year old male, who sustained an industrial injury on 02/15/2011. He has reported subsequent low back, bilateral knee and right elbow pain and was diagnosed with degenerative joint disease of the right knee status post arthroscopy, internal derangement of the left knee status post arthroscopy and repair, lumbar discopathy and status post right lateral epicondylar and cubital tunnel release. Treatment to date has included oral pain medication, Cortisone injections, application of heat and ice, physical therapy and a home exercise program. During a post-operative orthopedic evaluation dated 03/09/2015 status post right knee arthroscopy, the injured worker complained of bilateral knee, right elbow and low back pain. Objective findings were notable for some erythema and cellulitis around the surgical site of the right knee and some stiffness due to immobilization. A request for authorization of Synvisc injections of the right knee x 3 was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc injections (series of 3) to the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 5//15) Hyalgan (hyaluronate) See Hyaluronic acid injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee, Hyaluronic Acid Injections, pages 311-313.

**Decision rationale:** The patient underwent knee arthroscopy on 2/27/15 with partial meniscectomy, synovectomy, and chondroplasty of the patellofemoral joint. Surgery identified degenerative disease involving the patellofemoral joint. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, 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). Submitted reports have not demonstrated clear supportive findings for the injection request nor identified functional improvement of at least 6 months from prior injections rendered. The Synvisc injections (series of 3) to the right knee is not medically necessary or appropriate.