

<b>Case Number:</b>	CM15-0013859		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	05/16/2014
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 48 year old female who sustained an industrial related injury on 5/16/14 while pushing a wheelbarrow. The injured worker had complaints of bilateral lower extremity, left knee, and right foot pain. Diagnoses included degenerative arthritis of the knee, internal derangement of the knee, and plantar fasciitis. Treatment included physical therapy. The treating physician requested authorization for a series of 3 Synvisc injections intra-articularly to the left knee under ultrasound guidance. On 1/13/15 the request was non-certified. The utilization review physician cited the Official Disability Guidelines and noted the medical records do not indicate the current severity of the injured worker's symptoms or clarify that the injured worker is intolerant to first line NSAIDs. The medical records also do not establish the injured worker has failed trials with cortisone injections. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of 3 Synvisc injections to 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, Knee Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee section, Synvisc, Hyaluronic acid injections

**Decision rationale:** Pursuant to the Official Disability Guidelines, a series of three Synvisc injections to the left knee is not medically necessary. Synvisc (hyaluronic acid injections) injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, nonsteroidal anti-inflammatory's or acetaminophen) potentially delay total new replacement. The criteria for hyaluronic acid injections include patients with significantly symptomatic osteoarthritis that have not responded to conservative nonpharmacologic and pharmacologic treatments; documented symptomatic severe osteoarthritis of the knee which may include objective findings of bony enlargement, bony tenderness, etc.; over the age of 50; pain interferes with functional activities; failure to adequately respond to aspiration and injection of intra-articular steroids; are not currently candidates for totally replacement or have failed previous knee surgery for their arthritis; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are arthritis of the knee, degenerative; internal derangement of knee; and plantar fasciitis. The documentation indicates the injured worker had 12 physical sessions. The injured worker was started on Naprosyn and given a knee brace early on. The documentation does not contain a request, in the body of the progress note, for a Synvisc injection. There was no clinical Synvisc rationale in the medical record. X-rays showed early degenerative arthropathy. The injured worker is 48 years old. The documentation does not contain evidence of prior intra-articular aspiration with cortisone administered to the injured worker. An MRI was performed but the results are not available. The documentation does not contain evidence of symptomatic severe osteoarthritis of the knee with crepitus and bony tenderness, the injured worker is not over the age of 50, there is no evidence the injured worker failed to respond to aspiration and injection of intra-articular steroids and, consequently, Synvisc injections are not medically necessary.