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| <b>Case Number:</b>   | CM15-0014822 |                              |            |
| <b>Date Assigned:</b> | 02/02/2015   | <b>Date of Injury:</b>       | 03/26/2008 |
| <b>Decision Date:</b> | 05/27/2015   | <b>UR Denial Date:</b>       | 01/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/26/2015 |

### 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 56 year old female who sustained an industrial injury on 03/26/2008. Current diagnoses include status post left shoulder arthroscopy, status post left knee arthroscopy on 03/23/2011, lumbar musculoligamentous sprain/strain with left lower extremity radiculitis, left hand flexor tenosynovitis, cervical/trapezial musculoligamentous sprain/strain with left upper extremity radiculitis, and right wrist sprain/strain. Previous treatments included medication management, left shoulder surgery, chiropractic treatments, medial branch block, left knee surgery, injections, TENS unit, and home exercises. Report dated 12/31/2014 noted that the injured worker presented with complaints that included lower back pain radiating to the left calf with numbness and tingling, and left knee pain with popping, clicking, and slipping. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included refilling medications, follow up with another physician, request for Synvisc injection, continue home exercises, TENS unit and BioniCare, and follow up in 4-6 weeks. Disputed treatments include repeat Synvisc Injection to the left knee, quantity 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Synvisc Injection to the left knee, quantity 1: 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Knee & Leg (Acute & Chronic)' state Hyaluronic acid injections.

**Decision rationale:** The 56 year old patient complains of left knee pain, and low back pain radiating to the left calf with numbness and tingling, as per progress report dated 12/31/14. The request is for REPEAT SYNVISIC INJECTION TO THE LEFT KNEE, QUANTITY 1. The RFA for the case is dated 12/03/14, and the patient's date of injury is 03/26/08. The patient is status post left shoulder arthroscopy, decompression, distal clavicle resection and manipulation on 11/06/12; and status post left knee arthroscopy on 03/23/11, as per progress report dated 12/31/14. Diagnostic ultrasound, dated 11/05/14, revealed residual patellofemoral arthralgia, patellofemoral and medial compartment osteoarthritis, distal patellar tendon partial tear avulsion fracture. The patient has been allowed to return to modified work, as per the same progress report. MTUS is silent on Synvisc injections. ODG guidelines, chapter 'Knee & Leg (Acute & Chronic)' state Hyaluronic acid injections are, "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." ODG further states that This study assessing the efficacy of intra-articular injections of hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found that results were similar and were not statistically significant between treatment groups, but HA was somewhat superior to placebo in improving knee pain and function, with no difference between 3 or 6 consecutive injections. Regarding ultrasound guidance, however, ODG guidelines do not support it unless it is a difficult injection, there is morbid obesity or draining popliteal cyst. Regarding repeat injections, guidelines state that if documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. In this case, the patient has been diagnosed with patellofemoral and medial compartment osteoarthritis, as per ultrasound report dated 11/05/14. The patient has received synvisc injection in the past which led to 60% to 70% improvement. In the same progress report, the treater is requesting for repeat synvisc to the left knee under ultrasound guidance. The treater, however, does not document the date of prior injection and one cannot assess how long the duration of relief was. Furthermore, it is not known if the patient experienced any functional improvement from prior injection. The treater must provide adequate monitoring of the patient's progress. Finally, the review of the available reports describes arthritic medial knee, but "severe" arthritic changes are not documented as required by ODG guidelines. The request IS NOT medically necessary.