

<b>Case Number:</b>	CM15-0127825		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	10/10/2009
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This is a 56 year old female with an October 10, 2009 date of injury. A progress note dated April 15, 2015 documents subjective complaints (bilateral knee pain; right hip pain; knee pain rated at a level of 7/10, down to 4-5/10 with medications; pain radiates down into the calf and up into the thigh; no stability when walking; pain will radiate up to the lower back and down into the toes; tingling in the bilateral lower extremities, right leg worse than left leg; knees will occasionally give out), objective findings (crepitus noted on patellar tracking of bilateral knees and pain with resisted patellar extension; tenderness to palpation of the bilateral medial knee joint lines; positive McMurray's bilaterally; internal rotation and hip flexion causes pain in the right hip; tenderness to palpation over the right greater trochanter), and current diagnoses (bilateral knee degenerative joint disease; right lateral meniscal tear; left medial meniscal tear; bilateral knee pain). Treatments to date have included medications, knee bracing, hip surgeries, orthovisc injection in the knee, steroid injection of the left knee, right knee arthroscopy, and physical therapy with minimal relief. The treating physician documented a plan of care that included a series of three Synvisc injections for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc injection series of 3 for the right 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Hyaluronic acid injections.

**Decision rationale:** Regarding the request for Synvisc injection series of 3 for the right knee, Occupational Medicine Practice Guidelines do not contain specific criteria regarding the use of hyaluronic acid injections. ODG states that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. ODG also states that there needs to be documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. Also, ODG states repeat series of injections if documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. Within the documentation available for review, there is no documentation of symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. Additionally, it appears the patient has undergone hyaluronic acid injections previously, but there is no documentation of objective functional improvement and duration of effect was for one month not 6 months. As such, the currently requested Synvisc injection series of 3 for the right knee are not medically necessary.