

<b>Case Number:</b>	CM15-0063368		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Emergency 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 40-year-old female who sustained an industrial injury on 8/15/11. The injured worker reported symptoms in the right knee. The injured worker was diagnosed as having status post left knee sprain, bilateral knee arthritis and Pes Anserinus Tendonitis bilaterally. Treatments to date have included non-steroidal anti-inflammatory drugs, ice, oral pain medication, physical therapy, injections, activity modification, and knee supports. Prior X-ray of knee on 9/3/13 showed medial space minimal narrowing to 4mm. MRI of knee on 10/23/13 revealed minimal patellofemoral cartilage thinning with no tendon tears. Currently, the injured worker complains of right knee pain. Patient is reportedly post Synvisc injection with "moderate" improvement in function and no change in pain. The plan of care was for a Synvisc injection and a follow up appointment at a later date. UR denied series of 3 synvisc injection to left knee. However, it appears that the injections were done anyway without approval. Letter of appeal of denial dated 3/20/15 was reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc injection x3 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 (ODG), Knee and Leg, 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>.

**Decision rationale:** The MTUS Chronic pain or ACOEM guidelines do not adequately have any specific sections that deal with this topic. Official Disability Guidelines (ODG) recommend it as an option in osteoarthritis in situations where conservative treatment has failed to manage the pain and to delay total knee replacement. The benefits are transient and moderate at best. It is recommended for severe arthritis and to prevent surgery such as total knee replacement. Basic criteria are: 1) Severe osteoarthritis: Fails criteria. Provider reported "mild to moderate" osteoarthritis. There is no imaging or exam consistent with severe osteoarthritis of knee. Also does not meet criteria as per American College of Rheumatology criteria. 2) Failure to adequately respond to steroid injection. Fails criteria. patient had reported single injection of steroid in the knee 11/12 with some reported improvement in pain. There has not been another trial or attempt since then. 3) Failure of pharmacologic and conservative therapy. Meets criteria. 4) Other joint pains: Meets. Patient fails two criteria to recommend Synvisc injection primary the lack of evidence of severe osteoarthritis as defined by ODG and American College of Rheumatology. Synvisc injection is not medically necessary.