

<b>Case Number:</b>	CM15-0065045		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	06/06/2002
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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 66 year old male who sustained an industrial injury on 6/6/02. The diagnoses have included knee pain and lumbar radiculopathy. Treatment to date has included medications, activity modifications, physical therapy, diagnostics and home exercise program (HEP). The current medications included Cyclobenzaprine. There was no previous therapy sessions noted. Currently, as per the physician progress note dated 3/2/15, the injured worker complains of continued unchanged right knee pain in the joint that worsens with walking more than 30 minutes. The pain was rated 7-8/10 on pain scale and constant. Physical exam of the right knee revealed tenderness to palpation of the medial joint line and pes anserine was noted. Treatment plan was pending request for Synvisc injections, prescription for Flexeril and Naproxen and work status was permanent and stationary. The physician requested treatment included 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 injections:** 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-TWC), chapter knee and leg.

**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:** There is no recent x-ray findings reported. Current symptoms and objective findings are noted in the pes anserine and medial 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. The Synvisc injections is not medically necessary and appropriate.