

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

2922

[REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]

Dated: 12/31/2013

<b>IMR Case Number:</b>	CM13-0023097	<b>Date of Injury:</b>	06/24/2009
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	09/11/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]	MD	
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
SYNVISC INJECTION X3 RIGHT KNEE			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
 Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 56-year-old female who reported injury on 06/24/2009. The patient was noted to have narrowing of the medial joint line and it was noted the knee was almost bone on bone, and the patient was diagnosed with osteoarthritis of the right knee. The patient was noted to have a cortisone injection to the right knee, which did not help, and the pain was noted to be worse. The patient's diagnoses were stated to include a right knee status post arthroscopic surgery in 2001 with complications in medial compartment osteoarthritis and a positive MRI for degenerative joint disease. The plan was noted to include 3 Synvisc injections to the right knee.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. Synvisc injection, right knee, Qty: 3 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Knee & Leg Chapter, Synvisc (hylan) and Hyaluronic acid injections, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Official Disability Guidelines (ODG), Knee & Leg Chapter, Hyaluronic Injections.

The Physician Reviewer's decision rationale:

The CA MTUS/ACOEM Guidelines do not address Synvisc or hyaluronic acid injections. The Official Disability Guidelines recommend treatment utilizing hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have failed no pharmacologic and pharmacologic treatments after at least 3 months. Additionally, it states that they must have

documented symptomatic severe osteoarthritis of the knee, according to the American College of Rheumatology. Additionally, it indicates that hyaluronic acid injections are for patients who are currently candidates for total knee replacement or who have failed previous knee surgery for arthritis, unless they are younger and wanting to delay total knee replacement. Clinical documentation submitted for review indicated that the patient was awaiting authorization for a right total knee arthroplasty as of 06/05/2013. The office note dated 07/08/2013 revealed the patient had a cortisone injection to the right knee, which did not help, and the pain was noted to have become worse in the right knee. The request was made on that date for a Synvisc injection x3. While it was noted that the physician wished the patient to have a Synvisc injection, clinical documentation indicates the patient is awaiting a total knee replacement and fails to provide there is documentation that the patient wants to delay a total knee replacement. Additionally, it failed to indicate that the patient met the American College of Rheumatology guidelines for documentation of severe osteoarthritis. Given the above, the request for Synvisc injection right knee quantity: 3 is not medically necessary.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0023097