

<b>Case Number:</b>	CM13-0016030		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	11/03/2011
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 45 year old Policeman who sustained a work related injury to the right knee on 11/03/2011, and history of low back pain. He had an MRI of the right knee on 11/22/2011 which revealed tricompartment degenerative changes to the right knee, moderate to advanced in lateral compartment, small osteochondral defect in the lateral femoral condyle, complex tear posterior horn medial meniscus, medial collateral ligament sprain, tear of posterior horn of lateral meniscus, status post Anterior cruciate ligament repair with intact ligament and small joint effusion. In June 2012, the patient underwent a right knee arthroscopy and meniscectomy, at which time significant chondromalacia in all three compartments were noted. On 7/19/2013, a progress note from [REDACTED] indicates the patient underwent radiofrequency ablation in the low back two weeks earlier. Patient reports increasing pain in right knee posteriorly and laterally, and back pain with lifting. Examination reveals lateral joint line tenderness, 1+ effusion and range of motion of 2 to 120 degrees on the right knee. Assessment: Degenerative Joint Disease with chondromalacia. He has received one treatment of Synvisc injection to Right knee and 15 visits of Physical Therapy treatment to Lumbar Spine in the past. A request for additional physical therapy and one injection of synvisc was denied for lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Synvisc one (1) injection to 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 (ODG), Knee and Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross/Blue Shield of North Carolina and American Academy of Orthopedic Surgeons Guideline published on May 2013 titled "Treatment of Osteoarthritis of the Knee".

**Decision rationale:** According to Blue Cross/Blue Shield of North Carolina Medical Policy Guideline (last reviewed 10/2013) intra-articular injection of hyaluronan (HA) (Synvisc One) into osteoarthritic joints which is thought to replace HA, restore the viscoelastic properties of the synovial fluid, and improve pain and function, may be considered medically necessary for the treatment of pain in osteoarthritis of the knee when conservative treatment has failed. The majority of studies to date have assessed HA injections for knee osteoarthritis, and this is the U.S. Food and Drug Administration (FDA) -approved indication. Other joints, such as the hip and shoulder, are currently being investigated for intra-articular HA treatment of osteoarthritis (OA). Hyaluronan (HA), also known as hyaluronate or hyaluronic acid, is a naturally occurring macromolecule that is a major component of synovial fluid and is thought to contribute to its viscoelastic properties. Chemical crosslinking of hyaluronan increases its molecular weight; crosslinked hyaluronans are referred to as hylans. In osteoarthritis, the overall length of HA chains present in cartilage and the HA concentration in the synovial fluid are decreased. Intra-articular injection of HA (IAHA) has been proposed as a means of restoring the normal viscoelasticity of the synovial fluid in patients with osteoarthritis. This treatment has been called viscosupplementation. Currently, no curative therapy is available for OA, and thus the overall goals of management are to reduce pain and prevent disability. MTUS (Effective July 2009) is mute on this type of treatment. In May 2013, the American Academy of Orthopaedic Surgeons (AAOS) published the second edition of an evidence based guideline titled, "Treatment of Osteoarthritis of the Knee." In these guidelines, the AAOS does not support the use of viscosupplementation for treatment of knee OA. This rationale is based on limitations in the literature, which include variable quality of studies, a large degree of heterogeneity in outcomes, and possible publication bias. Therefore the request for synvisc (1) one injection to the right knee is not medically necessary.

**The request for Physical Therapy twelve (12) visits in treatment of the lumbar spine QTY: 12.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Physical Medicine Page(s): 99.

**Decision rationale:** According to the medical record reviewed, this patient has been previously treated with over 15 physical therapy sessions to the lumbar spine. MTUS Chronic Pain Medical Treatment guideline, section of Physical Medicine, Page 99 allows for fading of treatment (from

up to 3 visits per week to 1 or less), plus active self-directed home Physician Medicine. Also the guideline allows for up to 10 visits of physical therapy, however this claimant has received 15 visits, therefore additional physical therapy session is not medically necessary.