MAXIMUS Federal Services

| Case Number: | CM14-0002478 | | |
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| Date Assigned: | 01/24/2014 | Date of Injury: | 09/08/2011 |
| Decision Date: | 06/24/2014 | UR Denial Date: | 12/13/2013 |
| Priority: | Standard | Application Received: | 01/07/2014 |

## 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. The expert reviewer is Board Certified in Occupational Medicine, 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 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/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 patient is a 36-year-old female who has submitted a claim for patellofemoral arthritis with a Possible Mild or Stable medial meniscal root tear associated with an industrial injury date of September 8, 2011. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of right knee pain. On physical examination of the right knee, there was no evidence of effusion or erythema. There was tenderness in the peripatellar region with some swelling or fullness at the level of the lateral release. Patellar tracking was satisfactory with no popping or crepitus on range of motion testing. Joint lines were not tender. No instability, edema, or neurovascular abnormalities were noted. Magnetic Resonance Imaging (MRI) of the right knee, dated April 26, 2013, revealed minimal cartilage surface irregularity on the medial patellar facet, stable medial meniscus posterior tibial root tear with partial meniscal extrusion, and stable fibular collateral ligament scarring. An X-ray of the right knee, dated November 27, 2013, revealed satisfactory patellofemoral alignment with no osteophytic spurring, loose bodies, or other abnormalities. Treatment to date has included medications, physical therapy, and right knee arthroscopy with debridement and lateral release. Utilization review from December 13, 2013 denied the request for Synvisc right knee injection 1 per week for 3 weeks - 3 prefilled syringes because there was no documentation of a severe objective osteoarthritis condition.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**SYNVISC RIGHT KNEE INJECTION 1 PER WEEK FOR 3 WEEKS- 3 PRE-FILLED SYRINGES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Hyaluronic acid injections

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) does not specifically address viscosupplementation. Per the strength of evidence hierarchy established by the California Department of Industrial Relations Division of Workers' Compensation, the Official Disability Guidelines (ODG) was utilized instead. ODG states that criteria for hyaluronic acid injections include patients with significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative treatments after at least three months; pain interferes with functional activities; and not currently candidates for total knee replacement or who have failed previous knee surgery. In this case, a trial of lubricant injections was recommended because of failure of conservative treatment. However, there was no objective or imaging findings documenting severe osteoarthritis of the knee. There was also no indication of pain interfering with the patient's functional activities. Criteria were not met; therefore, the request for synvisc right knee injection one per week for three weeks-pre-filled syringes is not medically necessary or appropriate.