

<b>Case Number:</b>	CM14-0005768		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain associated with an industrial injury of October 15, 2010. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, left and right knee arthroscopies at an earlier point in time, and unspecified amounts of acupuncture. A July 22, 2013 orthopedic note was notable for comments that the applicant had issues with plantar fasciitis superimposed on issues with knee pain. The applicant also complains of issues with psychological stress and panic attacks. The applicant was given diagnoses of chronic knee pain with residuals of earlier knee arthroscopy with underlying degenerative joint disease and synovitis. Synvisc injections were endorsed. In an earlier note of March 20, 2013, the applicant was described as using Cymbalta, Prevacid, Lovastatin, Motrin, benazepril, hydrochlorothiazide, aspirin, and Remeron. On April 26, 2013, the applicant was described as again using a variety of analgesic medications, including Medrox patches, Norflex, and Vicodin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THREE BILATERAL KNEE SYNVISIC INJECTIONS:** Overturned

**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 MTUS: ACOEM PRACTICE GUIDELINES, THIRD EDITION, KNEE CHAPTER, VISCOSUPPLEMENTATION INJECTION SECTION,

**Decision rationale:** The MTUS does not address the topic, so the ACOEM Third Edition was consulted instead. As noted in the third edition of the ACOEM Guidelines, intra-articular knee viscosupplementation injections are recommended for treatment of moderate-to-severe knee arthrosis, which is unsatisfactory controlled with NSAIDs, Tylenol, weight loss, or exercise strategies. The ACOEM notes that different regimens have been used, including the series of three injections proposed here. In this case, the applicant does have refractory knee pain associated with knee arthritis status post earlier knee arthroscopies. The applicant has tried and failed numerous other treatments, including time, medications, physical therapy, observation, acupuncture, medications, earlier knee surgeries, etc. A trial of Synvisc injection is therefore medically necessary.