

<b>Case Number:</b>	CM14-0012133		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 47-year-old male who has filed a claim for right knee osteoarthritis associated with an industrial injury date of January 17, 2013. Review of progress notes indicates right knee pain symptoms, improved with physical therapy. Findings include positive patellofemoral crepitation and patellofemoral grind, tenderness along the medial joint line, and pain upon deep squat. Arthroscopy done on April 26, 2013 showed grade 4 chondral injury of the medial femoral condyle, posterior flap tear of the medial meniscus, 3-compartment synovitis, and hypertrophic synovial plica. Treatment to date has included NSAIDs, exercises, knee bracing, Synvisc One injection, right knee arthroscopic surgeries in December 2011 and April 2013 and post-operative physical therapy. Utilization review from December 17, 2013 denied the requests for Synvisc One viscosupplementation at approximately 6 months as previous injection did not result in functional improvement; and medial unloader brace as the patient is scheduled to see an orthopedic specialist for likely surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SYNVISC ONE VISCOSUPPLEMENTATION AT APPROXIMATELY 6 MONTHS:**

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, Hyaluronic Acid Injections.

**Decision rationale:** CA 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 used instead. ODG states that criteria for hyaluronic acid injections include patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies after at least 3 months; and failure to adequately respond to aspiration and injection of intra-articular steroid. Patient had a Synvisc One injection in September 2013, with resulting decrease of grinding and pain with regard to the medial aspect of the knee. However, there is no documentation regarding failure or intolerance to other conventional treatments, including steroid injection. Therefore, the request for Synvisc One viscosupplementation at approximately 6 months is not medically necessary.

**MEDIAL UPLOADER BRACE:** 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 Official Disability Guidelines (ODG) Knee and Leg chapter, Unloader braces for the knee.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, unloader braces are used to reduce pain and disability associated with osteoarthritis of the medial compartment of the knee. This patient has grade 4 osteoarthritis and medial joint space compartment narrowing. A medial unloader brace is necessary at this point to allow continued mobility of the left knee and to maintain a good level of function. Therefore, the request for medial unloader brace is medically necessary.