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| <b>Case Number:</b>   | CM14-0015012 |                              |            |
| <b>Date Assigned:</b> | 04/04/2014   | <b>Date of Injury:</b>       | 11/01/2011 |
| <b>Decision Date:</b> | 07/24/2014   | <b>UR Denial Date:</b>       | 01/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/06/2014 |

### 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:

This is a 60-year-old female patient with a 11/1/11 date of injury. The mechanism of injury was not provided. A 2/17/14 progress report indicated that the patient complained of right knee persistent aching, pain and stiffness. She reported that her right knee caused difficulties with prolonged weight bearing activities. Physical exam revealed bilateral tenderness over patellofemoral articulation, positive patellofemoral crepitation. There was also positive McMurray's sign and Alpey's compression test bilaterally. It was notable 1+ effusion to the right knee. A 1/27/14 progress report indicated that the patient received authorization for only the left knee Synvisc injection, which she was going to have at that date. It was also indicated that the patient has had a Kenalog injection on 10/22/13 in the right knee that was temporarily beneficial. She was diagnosed with an injury to the bilateral knees and wrists, status post cortisone injection to the right knee in 12/20011 and 10/2013, Synvisc One to the right knee in 07/2013 and to the left knee in 01/2014. MRI of the right knee showed medial meniscus tear with diffuse chondromalacia. MRI of the left knee showed medial meniscus tear, lateral meniscus fraying and tricompartmental chondromalacia. There is documentation of a previous 1/8/14 adverse determination, because in the recent progress report dated on 12/2/13 was requested only for one injection for only left knee, because the right knee was authorized for surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SYNVISC ONE INJECTION 6ML (48MG) INTO BILATERAL KNEES:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** CA MTUS does not address this issue. ODG recommends viscosupplementation injections in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; or is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; or a younger patient wanting to delay total knee replacement; and failure of conservative treatment; and plain x-ray or arthroscopy findings diagnostic of osteoarthritis. The patient had MRI results demonstrating that the right knee showed a medial meniscus tear with diffuse chondromalacia and the left knee showed a medial meniscus tear, lateral meniscus fraying and tricompartmental chondromalacia. There was a recommendation of right knee surgery dated on a 12/2/13 progress report. However, there was no documentation available to support surgical authorization approval or recent surgical notes. In addition, the patient continued to have aching pain with weight-bearing activities. In addition there was documentation to support only temporary effect of other medications and steroid injection. Therefore, the request for Synvisc One injection 6ml (48mg) into bilateral knees (j7325) was medically necessary.