

<b>Case Number:</b>	CM14-0144297		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	10/29/2010
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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 57-year-old male who has submitted a claim for unspecified monoarthritis associated with an industrial injury date of 10/29/2010. Medical records from 2011 to 2014 were reviewed. The progress notes were handwritten and somewhat illegible. A note from 2011 documented right knee pain. Physical examination at that time showed 120 degrees of flexion bilaterally, 5 degrees flexion contracture on the left, zero on the right, mild effusion in the right knee, no instability, and neutral alignment of the knees. MRI from November 2010 showed patellofemoral arthrosis with well-maintained cruciates and medial joint line arthritis. There was no obvious cartilage tear. X-ray of the left knee from 2010 showed complete obliteration of the cartilaginous space on the lateral patella facet and had 1 mm of lateral patella facet cartilage. Progress reports from 2014 failed to document subjective and objective findings pertaining to the left knee. The treatment to date has included physical therapy and medications. The utilization review from 8/12/2014 denied the request for Synvisc injections x3 to left knee because of incomplete knee physical examination and lack of imaging study to document arthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc injections x3 to left knee:** 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:** The 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 viscosupplementation injections are recommended in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic 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; and failure of conservative treatment; and plain x-ray or arthroscopy findings of osteoarthritis. Furthermore, repeat series of injections may be reasonable if there is relief for 6-9 months. In this case, a progress note from 2011 documented right knee pain. Physical examination at that time showed 120 degrees of flexion bilaterally, 5 degrees flexion contracture on the left, zero on the right, mild effusion in the right knee, no instability, and neutral alignment of the knees. MRI from November 2010 showed patellofemoral arthrosis with well-maintained cruciates and medial joint line arthritis. There was no obvious cartilage tear. X-ray of the left knee from 2010 showed complete obliteration of the cartilaginous space on the lateral patella facet and had 1 mm of lateral patella facet cartilage. However, progress reports from 2014 failed to document subjective complaints and objective findings pertaining to the left knee. The current clinical status of the left knee is unknown. The medical necessity cannot be established due to insufficient information. Therefore, the request for Synvisc injections x3 to left knee is not medically necessary.