

<b>Case Number:</b>	CM14-0026435		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/20/2002
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 53 year old employee with date of injury of 9/20/2002. Medical records indicate the patient is undergoing treatment for low back pain, muscle spasms/cervical dystonia, cervicogenic headaches/migraines and s/p carpal tunnel release, bilateral wrists. She is status-post AME on 9/17/2013. Subjective complaints include: she manages chronic pain with Opana ER and Oxycodone for breakthrough pain. She has responded "well" to onabotulinum toxin injections for migraine pain. She states her neck pain is in her whole neck radiating down her right arm. She states the pain worsens with driving, prolonged sitting and/or standing. She rates her pain 7/10. Objective findings include right knee has tenderness at medial joint line and there is more pain with flexion than extension. Trace edema is noted and there is no ligamentous instability. Cervical exam noted range of motion limited at extremes at decreased secondary to pain. Cervical paraspinal muscles are tight and trigger points are palpated. Her bilateral upper extremities are 4+/5 for all muscles and limited secondary to pain. Deep tendon reflexes are 1+ at biceps, triceps, brachioradialis, bilaterally equal and symmetric. On sensory exam, there is decreased sensation in C6-7 and median nerve distribution of upper extremity. She has a positive Tine's sign and Phalen's sign. She complains of sleep disturbance. Treatment has consisted of PT, TENS unit, onabotulinum toxin injections, Cymbalta, Paxil, Opana ER, Oxycodone and Trazadone. The utilization review determination was rendered on 2/20/2014 recommending non-certification of Drain/ Injects Joint/ Bursa.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Synvisc Injections for Right Knee, Unspecified Amount: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-352. Decision based on Non-MTUS Citation Knee, Hyaluronic acid injections

**Decision rationale:** MTUS is silent regarding the use of Hyaluronic acid injections. While ACOEM guidelines do not specifically mention guidelines for usage of Hyaluronic acid injections, it does state that "Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection." ODG recommends as guideline for Hyaluronic acid injections "Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months;- Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age.- Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease;- Failure to adequately respond to aspiration and injection of intra-articular steroids;". While the patient has a history of bilateral knee pain and previous surgeries, the treating physician provided no documentation of a trial and failure of conservative treatment (such as physical therapy or pharmacologic treatment). ODG states that "This RCT found there was no benefit of hyaluronic acid injection after knee arthroscopic meniscectomy in the first 6 weeks after surgery, and concluded that routine use of HA after knee arthroscopy cannot be recommended". As such, the request for Drain/ Inject Joint/ Bursa is not medically necessary.