MAXIMUS Federal Services

| Case Number: | CM14-0030002 | | |
|---|---|---|---|
| Date Assigned: | 06/20/2014 | Date of Injury: | 05/13/2010 |
| Decision Date: | 07/18/2014 | UR Denial Date: | 02/20/2014 |
| Priority: | Standard | Application Received: | 03/10/2014 |

## 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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 05/13/2010. The primary diagnosis is a knee sprain/strain. A request for authorization of 01/09/2014 reports the diagnoses of a knee sprain, lumbosacral radiculopathy, and lumbar sprain. On 12/18/2013, a primary treating physician's orthopedic progress report noted that MRI imaging had demonstrated three-compartment osteoarthritis, with traumatic osteoarthritis of the knee involving the medial and lateral joint lines of the right knee. The patient reported significantly increased knee pain with popping and locking. He could not tolerate a pivot shift or McMurray test given crepitus. The treating physician recommended treatment with an off-loader brace and also recommended consideration of viscosupplementation, noting that this has been shown to relieve pain in patients who do not respond to other nonsurgical methods. Previously on 10/11/2012, the patient was seen in orthopedic evaluation and was noted to have a gait imbalance disorder which had the potential to aggravate his knee condition. That orthopedic note reviews the patient's long period of disability due to industrial injuries, including a trip and fall injury of May 2010. At that time the patient had been recommended for physical therapy for both his knees and also a medial nerve entrapment. The patient was felt to be capable of only modified work at that time as squatting and repeated bending of the right knee gave him ongoing symptoms. In an initial physician review of 02/20/2014, it was recommended there be non-certification of Synvisc injections, noting that the medical records did not confirm that the patient has failed to respond adequately to conservative treatment and that he did not feel he had physical examination findings supporting the diagnosis of osteoarthritis.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc injections to right knee x 3:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Work Loss Data Institute, LLC: Corpus Christi, TX: odg.twc.com: Section: knee & Leg.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines does not specifically discuss the use of Synvisc or hyaluronic acid injections. The Official Disability Guidelines/Treatment in Workers Compensation /Knee/hyaluronic accident injections do discuss this treatment and indicate this is indicated for patients who have failed to respond to appropriate initial conservative treatment. An initial physician review may not have had access to or considered the totality of the patient's medical record dating back to a work injury of May 2010. That review states that the medical record does not clearly document prior conservative treatment to the knee. The medical records, however, do outline not only a history of an injury to both knees but also an upper extremity injury further impacting gait and ongoing attempts to limit the patient's physical activity due to osteoarthritis. Those notes not only report physical examination findings of osteoarthritis but also discuss MRI imaging of the right knee demonstrating multi-compartmental osteoarthritis. Additionally, the medical records outline persistent tenderness and swelling with moderate patellofemoral and medial and lateral joint line crepitus and symptoms of popping and locking in the knees. Overall, the patient does meet the criteria for osteoarthritis which has failed to respond to past conservative treatment. The patient meets the clinical criteria for a right knee Synvisc injection. This treatment is medically necessary.