

<b>Case Number:</b>	CM14-0035682		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	02/06/2013
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 & 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:

This 37 year-old patient sustained an injury to the left knee on 2/6/13 from tripping over a seat while employed by [REDACTED]. Request(s) under consideration include Synvisc Injections x 3 to the Left Knee. Diagnoses include Osteochondropathies; fracture of femoral condyle; medial meniscal tear s/p left knee arthroscopy of medial meniscectomy and synovectomy on 7/26/13; and lower leg joint pain. Report of 1/24/14 from the PA/provider noted the patient with decreased pain since last visit; pain still present, rated at 3/10. Exam showed left knee of no erythema/ effusion/ warmth; medial joint tenderness; positive McMurray's; slight antalgic gait; flexion over 120 degrees with stable ligaments. Treatment plan for MR arthrogram. MRI of left knee dated 2/3/14 in comparison with MRI from 2/16/13 showed returning of posterior horn of lateral meniscus with intact cruciate ligaments. Report of 7/15/14 from PA/provider noted still with left knee pain. The 3 view x-rays of left knee was without obvious fracture. Exam of left knee showed medial joint tenderness; no effusion, stable. Diagnosis was left knee injury secondary to original date of injury from fall with residual symptoms. Treatment was for PT and MRI of left knee. The patient remained TTD as no modified work available. The request(s) for Synvisc Injections x 3 to the Left Knee was non-certified on 3/21/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc Injections x 3 to the Left Knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Knee and Leg - Hyaluronic acid injections

**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, pages 311-313

**Decision rationale:** This 37 year-old patient sustained an injury to the left knee on 2/6/13 from tripping over a seat while employed by [REDACTED]. Request(s) under consideration include Synvisc Injections x 3 to the Left Knee. Diagnoses include Osteochondropathies; fracture of femoral condyle; medial meniscal tear s/p left knee arthroscopy of medial meniscectomy and synovectomy on 7/26/13; and lower leg joint pain. Report of 1/24/14 from the PA/provider noted the patient with decreased pain since last visit; pain still present, rated at 3/10. Exam showed left knee of no erythema/ effusion/ warmth; medial joint tenderness; positive McMurray's; slight antalgic gait; flexion over 120 degrees with stable ligaments. Treatment plan for MR Arthrogram. MRI of left knee dated 2/3/14 in comparison with MRI from 2/16/13 showed returning of posterior horn of lateral meniscus with intact cruciate ligaments. Report of 7/15/14 from PA/provider noted still with left knee pain. The 3 view x-rays of left knee was without obvious fracture. Exam of left knee showed medial joint tenderness; no effusion, stable. Diagnosis was left knee injury secondary to original date of injury from fall with residual symptoms. Treatment was for PT and MRI of left knee. The patient remained TTD as no modified work available. The request(s) for Synvisc Injections x 3 to the Left Knee was non-certified on 3/21/14. There are recent x-rays without significant findings of osteoarthritis. Current symptoms and objective findings have functional knee range without any positive grind test. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Submitted reports have not demonstrated clear supportive findings of severe osteoarthritis in this 37 year-old patient to support the injection request nor identified failed conservative treatment trial for recent exacerbation of symptoms. There is no report of functional improvement from recent corticosteroid injection performed. The Synvisc Injections x 3 to the Left Knee is not medically necessary and appropriate.