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| <b>Case Number:</b>   | CM14-0037068 |                              |            |
| <b>Date Assigned:</b> | 06/25/2014   | <b>Date of Injury:</b>       | 07/06/2012 |
| <b>Decision Date:</b> | 07/25/2014   | <b>UR Denial Date:</b>       | 03/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/27/2014 |

### 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 56 year-old female sustained an injury on 7/6/12 from tripping over a pull cart and landing on her right knee. The patient remains off work. Conservative care has included cortisone knee injection; Hot/cold compression/DVT; surgi-stim; CPM unit; medications, physical therapy, and rest. The patient is s/p Right knee arthroscopy with patelloplasty, resection of suprapatellar plica, partial medial and lateral meniscectomy, removal of loose body, chondroplasty of medial tibial plateau and femoral condyle on 4/11/13. MR Arthrogram of 8/6/13 showed medial compartment chondromalacia with minor bone stress receptors, subchondral remodelling, intact repair of anterior horn lateral meniscus, scarring versus mucinous change of cruciate ligaments, chondromalacia patella and extensor mechanism tendinosis. Hand-written report of 2/28/14 from the provider noted patient with ongoing and constant right knee pain rated at 7/10 with difficulty on prolonged walk/stand/sit. Exam showed tenderness to palpation of right knee; range of motion in flex/ext 0-90 degrees; positive McMurray, rest is illegible. Treatment included acupuncture, continue meds, right knee cortisone injection and synvisc. The patient has remained off work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc one injection right knee qty:1.00:** 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).

**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:** 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 for the injection request. The Synvisc one injection is not medically necessary and appropriate.

**Cortisone injection right knee qty:1.00:** 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).

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

**Decision rationale:** There are no imaging or x-ray findings available. ODG Guidelines recommend corticosteroid injections for short-term use with beneficial effect of 4-8 weeks for diagnosis of osteoarthritic knee pain, but unlikely to continue beyond as long-term benefits have not been established. Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following to include Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Erythrocyte sedimentation rate (ESR) less than 40 mm/hr.; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age; Rheumatoid factor less than 1:40 titer (agglutination method); and Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm<sup>3</sup>), not demonstrated here. Additionally, there needs to be documented failed conservative treatment with pain interfering with functional activities and injection should be intended for short-term control of symptoms or delay TKA. Submitted reports have not demonstrated at least 5 elements above nor shown failed treatment trial, plan for surgical intervention or limitations in ADLs to meet guidelines criteria. The Cortisone injection is not medically necessary and appropriate.