

<b>Case Number:</b>	CM14-0046699		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/18/2008
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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:

The injured worker is a 41-year-old female who reported an injury on 04/18/2008 caused by an unspecified mechanism. The injured worker's treatment history included medications, urine screening, MRI, x-ray, and surgery. The injured worker was evaluated on 05/20/2014 and it was documented that the injured worker underwent an ACL reconstruction with partial medial and lateral meniscectomy about 3 years ago and that she continued to complain of pain and swelling with occasional instability. The provider noted that the injured worker had mild to moderate effusion with moderate patellofemoral crepitus and moderate right knee tenderness. She had full extension with flexion to 80 degrees and significant pain with flexion beyond that albeit with encouragement and with pain; however, she can flex the knee to 120 degrees. The provider noted standing radiographs showed that she had 2 mm remaining articular surface medially, 3 mm laterally, and osteophytic spurring on the superior and inferior margin of the patella; however, review of those findings were not submitted for this review. The provider noted that the injured worker was placed in a hinged knee brace and prescribed her anti-inflammatory medication. The provider lacked documentation on physical examination for the lumbar spine. Diagnoses included lumbar disc protrusion, partial medial meniscectomy with ACL reconstruction, and arthritis. Request for authorization or rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home exercise kit for lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise & Physical Medicine Page(s): 46, 98-99.

**Decision rationale:** The requested is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The guidelines state for a home exercise kit for the lumbar spine there is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The documents submitted for review did not include a physical examination of the lumbar spine. In addition, there was lack of evidence of the injured worker attending any physical therapy. Given the above, the request for is not medically necessary.

**Synvisc Injection times 3 for the right 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/Knee Chapter: 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 & Leg (Acute & Chronic), Hyaluronic Acid Injections.

**Decision rationale:** The requested is not medically necessary. Per the Official Disability Guidelines (ODG), Synvisc injection is only recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen); to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. 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). The documents provided on 05/20/2014 lacked evidence of failed conservative care such as, physical therapy, medication, and home exercise regimen. Therefore, the request for Synvisc X3 for the right knee is not medically necessary.