

<b>Case Number:</b>	CM14-0051106		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/20/2007
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 20, 2007. The applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier viscosupplementation injections; reported diagnosis with knee osteoarthritis; earlier right and left knee surgeries in 2008 and 2009; and reported return to regular duty work. In a Utilization Review Report dated April 16, 2014, the claims administrator denied a request for Synvisc injections at each knee. The applicant's attorney subsequently appealed. In a September 27, 2012 progress note, the applicant was described as a 49-year-old fire captain with bilateral knee arthritis status post earlier left and right knee surgeries in 2008 and 2009, respectively. The applicant stated that earlier Synvisc injections had been successful. The applicant received further injections and was returned to regular work. Magnetic resonance imaging (MRI) imaging of the left knee dated June 18, 2008 demonstrated evidence of earlier partial meniscectomy surgery, possible re-tearing of the same, articular cartilage degeneration and thinning, and other signs of arthritis. MRI imaging of the right knee of December 6, 2007 was notable for degeneration of both menisci, arthritic changes, joint effusion, and evidence of an earlier anterior cruciate ligament reconstruction surgery. On October 29, 2013, the applicant was again described as having persistent complaints of bilateral knee pain. The applicant was given a second Hyalgan injection. The applicant was returned to regular duty work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SYNVISC INJECTION TO EACH KNEE QTY. 3: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, Viscosupplementation Injections section.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) does not address the topic. As noted in the Third Edition American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines Knee Chapter, viscosupplementation injections are indicated in the treatment of moderate-to-severe knee osteoarthritis, as is present here. The applicant is status post multiple knee surgeries, has both clinical and radiographic evidences of knee arthritis, and has responded favorably to earlier viscosupplementation injections as evinced by his successful return to regular duty work as a fire captain. Pursuing repeat viscosupplementation (Synvisc) injections is therefore indicated. Accordingly, the request is medically necessary.