

<b>Case Number:</b>	CM14-0054832		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/02/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 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 injured worker is a 30-year-old female who has submitted a claim for left knee degeneration versus postsurgical MCL changes, medial meniscus posterior horn tear with popliteal cyst of right knee, left sided L5-S1 lumbar radiculopathy, chronic myofascial pain syndrome, and depression associated with an industrial injury date of 05/02/2011. The medical records from 2013 to 2014 were reviewed. The patient complained of bilateral knee pain, right more than left, associated with tingling and numbness sensation graded 6-7/10 in severity. A physical examination of bilateral knees showed restricted motion, intact sensory, weakness of knee flexor/extensor, and positive McMurray's and Apley's tests. There was no valgus or varus deformity. A MRI of the left knee from 03/14/2014 demonstrated obvious tear under the patella. There was edema within the superolateral patellar fat pad and some arthritic changes on the medial compartment as a result of meniscus resection. An operative report from 02/17/2014 showed that there was an extensive tear of the posterior horn of medial meniscus. The treatments to date have included partial medial meniscectomy on 02/17/2014, and medications such as Naproxen, Neurontin, Protonix, and Paxil. A utilization review from 04/01/2014 denied the request for Synvisc One 8 MG Injection 6 ML Prefilled Syringe Purchase because there was no evidence that patient had symptomatic severe knee osteoarthritis. The MRI and operative report likewise did not mention significant degenerative knee changes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc one 8mg injection 6ml prefilled syringe Purchase: 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.

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

**Decision rationale:** The CA MTUS does not specifically address viscosupplementation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. The ODG states that viscosupplementation injections are recommended in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; or is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; and failure of conservative treatment; and plain x-ray or arthroscopy findings of osteoarthritis. Furthermore, repeat series of injections may be reasonable if there is relief for 6-9 months. In this case, left knee pain persisted despite partial medial meniscectomy on 02/17/2014. However, medical records submitted and reviewed failed to provide evidence concerning failure of conservative management or that patient was suffering from significant osteoarthritis. The medical necessity cannot be established due to insufficient information. Moreover, MRI findings from 03/14/2014 demonstrated only minimal arthritic changes on the medial compartment as a result of meniscus resection. Guideline criteria were not met. Therefore, the request for Synvisc one 8mg injection 6ml prefilled syringe purchase is not medically necessary.