

<b>Case Number:</b>	CM14-0082069		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/19/1997
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 57 year old male who was injured on 11/19/97. The mechanism of injury is not described. The injured worker complains of left knee pain. The injured worker is diagnosed with osteoarthritic changes of the medial compartment of the left knee. Treatment has included an injection in early 2013. Clinical note dated 03/19/14 notes ROM of the left knee is 0-125. McMurray's sign for meniscus pathology is negative. A request is submitted for a Synvisc 1 injection citing the last injection was approximately one year ago. Clinical note dated 04/30/14 notes no varus or valgus instability and reports the injured worker has tenderness on the medial joint. An MRI of the left knee is requested to rule out meniscus tearing due to worsening pain. Previous utilization review dated 05/23/14 states there has been no injury to the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation ODG, Indications for imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**Decision rationale:** The request for an MRI of the left knee is not recommended as medically necessary. ACOEM does not include criteria for MRIs of the knee but states the indications for ordering radiographs of the knee include the inability to flex the knee to 90. Records indicate the injured worker is able to flex the left knee to 125. Provocative tests of the knee did not reveal evidence of meniscus pathology or instability. Based on the clinical information provided, medical necessity of an MRI of the left knee is not established.

**Synvisc injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee, Viscosupplementation.

**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 Chapter, Hyaluronic acid injections.

**Decision rationale:** The request for Synvisc injections is not recommended as medically necessary. MTUS and ACOEM do not address. ODG states the criteria for the use of Hyaluronic acid injections include significantly symptomatic osteoarthritis that has not responded adequately to recommended conservative pharmacologic treatments or are intolerant of these therapies after at least 3 months. Records do not indicate the injured worker has attempted physical therapy. It is not noted the injured worker fails to respond to or cannot tolerate pharmacologic treatment. Criteria further includes failure to adequately respond to aspiration and injection of intra-articular steroids. Records do not indicate the injured worker has failed to respond to these interventions. Based on the clinical information provided, medical necessity of Synvisc injections is not established.