

<b>Case Number:</b>	CM14-0201806		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	11/22/2005
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 22, 2005. In a Utilization Review Report dated November 18, 2014, the claims administrator failed to approve a request for viscosupplementation injections to the knees. The claims administrator cited non-MTUS ODG guidelines in its denial and noted that the applicant's last prior viscosupplementation were over six months prior. The claims administrator stated that it could not support further viscosupplementation injections on the grounds that the applicant had had two prior viscosupplementation injections. Non-MTUS ODG guidelines were invoked at the bottom of the report, although these were not incorporated into the report rationale. The claims administrator stated that the applicant had issues with both knee chondromalacia and knee arthritis. The applicant's attorney subsequently appealed. In a May 8, 2014 progress note, the applicant reported ongoing complaints of bilateral knee pain. The applicant was status post a left knee arthroscopy on March 29, 2013 and an earlier right knee ACL reconstruction in September 2008. The attending provider contended that the applicant had benefitted from prior viscosupplementation injections. Crepitation and pain were appreciated about the right knee. 4/5 left knee strength and associated crepitation were also appreciated. The applicant received a left knee viscosupplementation injection in the clinic. The attending provider stated that the applicant should continue to receive viscosupplementation injections every six to twelve months on an as-needed basis. A 20-pound lifting limitation was endorsed. It was not clear whether the applicant was or was not working with said limitation in place. In a November 7, 2014 RFA form; authorization was sought for a follow-up visit and viscosupplementation injection therapy. No clinical progress notes were attached. It appeared that the RFA was initiated without an associated follow-up visit with the applicant.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc injection to the bilateral knees:** 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 ACOEM Practice Guidelines, Third Edition, Knee Chapter, Injections section.

**Decision rationale:** The MTUS does not address the topic. While the Third Edition ACOEM Guidelines do support usage of intraarticular knee viscosupplementation injections in the treatment of applicants with moderate-to-severe knee Osteoarthritis, ACOEM qualifies this recommendation by noting that a second or third injection is not generally recommended if the clinical results comprise of significant reduction in or resolution of symptoms. Here, the applicant underwent a knee viscosupplementation injection on May 8, 2014, i.e., on the date additional viscosupplementation injection therapy was sought. The attending provider apparently subsequently sought a viscosupplementation injection on November 7, 2014 via an RFA form, without an interval follow-up visit with the applicant to gauge the applicant's response to previous injection. If, for instance, the applicant had in fact demonstrated a near-complete resolution in symptoms following the most recent viscosupplementation injection of May 8, 2014, then this would effectively obviate the need for further viscosupplementation injections, as suggested by ACOEM. Therefore, the request is not medically necessary.