

<b>Case Number:</b>	CM14-0206846		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	04/08/2011
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 49 year old male with an injury date on 04/08/2011. Based on the 11/13/2014 progress report provided by the treating physician, the diagnoses are: 1. Status post previous left knee ACL reconstruction with bone patellar bone and MCL stapling with good clinical stability. 2. Left knee chondrocalcinosis with medial meniscus tearing and possible-small lateral meniscus tear. 3. Left knee moderate medial compartment osteoarthritis and patellofemoral chondral injury. 4. Coronary artery disease with previous myocardial infarction. 5. History of left lower extremity arterial clot 6. Right hip, likely exacerbation injury. According to this report, the patient complains of "persistent swelling of the knee and pain with daily activity. He has been doing ice, activity modification and is unable to take any antiinflammatories or significant medications due to his heart condition." Physical exam reveals an individual with an antalgic gait use cane for ambulation. Quad tone of the left is decreased when compare to the right. Range of motion is 5 to 120 degrees with a mild effusion. Examination findings remain unchanged for 09/25/2014 report. Treatment to date includes physical therapy, lubricating/ hyaluronic acid injection, and steroid injection. The treatment plan is to request another haluronic acid injection to the left knee since "it has been greater than 6 months since his previous injection." The patient's work status was not mentioned in the reports. Imaging studies were not included in the file for review. The utilization review denied the request for left knee synvisc injection x1 with ultrasound guidance on 11/26/2014 based on the ODG guidelines. The requesting physician provided treatment report dated 11/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee synvisc injection x1 with ultrasound guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation (TWC) Knee & Leg

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter: Hyaluronic Acid Injections

**Decision rationale:** According to the 11/13/2014 report, this patient presents with "persistent swelling of the knee and pain with daily activity." The current request is for Left Knee synvisc injection x1 with ultrasound guidance. Regarding Hyaluronic injection, MTUS and ACOEM do not discuss, but ODG guidelines provide a thorough review. ODG guidelines recommend Hyaluronic injection for "severe arthritis" of the knee that have not responded to other treatments; with documentation of bony enlargement, bony tenderness, crepitus, Erythrocyte sedimentation rate (ESR) less than 40 mm/hr, less than 30 minutes of morning stiffness, and patient is over 50 years of age. Furthermore, ODG do "not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, patellofemoral arthritis, or patellofemoral syndrome (patellar knee pain)." In reviewing the provided reports, the treating physician states the patient "has had a previous good response to a lubricating or hyaluronic acid injection." However, in this case, the treating physician does not document that the patient has "severe arthritis" of the knee, bony enlargement, bony tenderness, crepitus, Erythrocyte sedimentation rate (ESR) less than 40 mm/hr, or Less than 30 minutes of morning stiffness. The patient presents with a diagnosis of "patellofemoral chondral injury." ODG guidelines do not support Hyaluronic injections in patient with patellofemoral syndrome. Therefore, the current request is not medically necessary.