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| <b>Case Number:</b>   | CM14-0207292 |                              |            |
| <b>Date Assigned:</b> | 12/19/2014   | <b>Date of Injury:</b>       | 04/14/2008 |
| <b>Decision Date:</b> | 02/13/2015   | <b>UR Denial Date:</b>       | 11/21/2014 |
| <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 52 year old male with an injury date on 04/14/2008. Based on the 11/04/2014 progress report provided by the treating physician, the diagnoses are: 1. Tear Medial Cartilage or Meniscus Knee 2. Early osteoarthritis, left knee with history of previous arthroscopy with partial medial meniscectomy on June 9, 2008. According to this report, the patient complains of "pain in the knee. It is worse with stairs or any pivoting or twisting activities. Most of the pain is medial and anteromedial." Examination of the left knee indicates "tender at the medial joint line. There is no effusion, McMurray is equivocal. He has good motion." X-rays of the left knee on 04/14/2008 shows "minimal spurring at the patella" and "no significant joint space narrowing. No arthritis of any significance on X-ray." MRI of the right knee on 07/01/2013 shows: 1. Small defect at the root of the posterior horn of the medial meniscus consistent with a meniscal root tear. 2. Thinning and slight irregularity of the posterior horn and body of the medial meniscus consistent with previous meniscectomy. Anterior horn is partially extruded. 3. Slightly thickened patellar tendon may represent scarring versus tendinosis. 4. Postoperative scarring within Hoffa's fat pad without mass effect. Treatment to date includes "Naproxen without much help, a series of injections about a year ago and it did help, physical therapy and Dyna splint. The treatment plan is to request a "series of three Synvisc injections given over a three-week period under ultrasound guidance;" the treating physician does not specify for which knee. The patient's work status is working normal job at his new company. There were no other significant findings noted on this report. The utilization review denied the request for 3 Synvisc Injections of the Right Knee with Ultrasound Guidance on 11/21/2014 based on the ODG guidelines. The requesting physician provided treatment reports from 06/07/2013 to 12/04/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **3 Synvisc Injections of the Right Knee 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), Knee & Leg (updated 10/27/14), Hyaluronic Acid Injections

**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 11/04/2014 report, this patient presents with "pain in the knee." The current request is for 3 Synvisc Injections of the Right Knee 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. This patient does not presents with "severe arthritis" of the knee. 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 "a series of injections about a year ago and it did help." "The pain went from 8 to 9/10 down to a 4/10." However, 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. ODG guidelines do not support Hyaluronic injections without documentations of the required indications. Furthermore, it is unclear which knee is being requested as all documentation is in reference to the left knee, but the request was for the right side. Therefore, the current request is not medically necessary.