

<b>Case Number:</b>	CM14-0218346		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	10/04/2010
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 October 4, 2010. In a Utilization Review Report dated December 4, 2014, the claims administrator failed to approve a request for a right knee viscosupplementation injection and left knee corticosteroid injection. Non-MTUS ODG guidelines were invoked. The claims administrator referenced an RFA form received on November 21, 2014 in its determination. The applicant's attorney subsequently appealed. On November 18, 2014, the applicant presented with bilateral knee pain attributed to bilateral knee osteoarthritis. Permanent work restrictions were renewed. The applicant did not appear to be working with said permanent limitations in place. The applicant stated that a previous viscosupplementation injection had resulted in six months of pain relief. The applicant was described as having advanced right knee osteoarthritis, radiographically confirmed. Repeat viscosupplementation injections were proposed. The attending provider stated that he would also provide bilateral Kenalog injections, despite the fact that the applicant had only received fleeting pain relief from Kenalog injections in the past. The attending provider stated he was providing Kenalog injections on the grounds that the claims administrator had failed to approve the viscosupplementation injection, also the subject of dispute.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc one injection 6ml to the right knee: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC Knee and Leg Procedure Summary, Hyalgan (hyaluronate).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Knee Specific Diagnoses Knee Pain and Osteoarthritis Injections Viscosupplementation Injections. Viscosupplementation has been used for knee osteoarthritis(15, 1253, 1279-1296) and to treat pain after arthroscopy and meniscectomy. (1297) Similar to glucocorticosteroid injections, the purpose is to gain sufficient relief to either resume conservative medical management or to delay operative intervention.(1280, 1287, 1298-1301)Recommendation: Intra-articular Knee Viscosupplementation Injections for Moderate to Severe Knee Osteoarthritis Intra-articular knee viscosupplementation injections are recommended for treatment of moderate to severe knee osteoarthritis. Indications - Knee pain from osteoarthritis that is unsatisfactorily controlled with NSAID(s), acetaminophen, weight loss, or exercise strategies.

**Decision rationale:** Yes, the request for a Synvisc (viscosupplementation) injection was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines do note that viscosupplementation (Synvisc) injections are recommended in the treatment of moderate-to-severe knee osteoarthritis, as was/is present here. The attending provider has noted that the applicant has received a favorable response to earlier viscosupplementation in the past, with approximately six months of pain relief effected as a result of the same. Moving forward with a repeat viscosupplementation injection, thus, was indicated on or around the date in question. Therefore, the request was medically necessary.

**Kenalog injection bilateral knees: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC Knee and Leg Procedure Summary, corticosteroid injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

**Decision rationale:** Conversely, the request for Kenalog injections to the bilateral knees was not medically necessary, medically appropriate, or indicated here. The Kenalog injection at issue is a form of a corticosteroid injection. As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 246, repeat corticosteroid injections are deemed "optional." Here, however, the applicant had reportedly responded unfavorably to earlier corticosteroid (Kenalog) injections. The applicant only received fleeting pain relief through previous corticosteroid injection therapy, the treating provider had acknowledged. The request, thus, was not indicated both owing to (a)

tepid ACOEM position on the article at issue and (b) the applicant's poor response to previous Kenalog (corticosteroid) injection therapy. Therefore, the request was not medically necessary.