

<b>Case Number:</b>	CM15-0141406		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	07/16/2009
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62 year old female, who sustained an industrial injury on 7-16-09. Initial complaint was of her right knee. The injured worker was diagnosed as having right knee osteoarthritis; status post tibial plateau fracture; medial meniscus tear' medial collateral tear' anterior cruciate tear right knee. Treatment to date has included status post right knee ACL reconstruction (12-16-09); status post revision arthroscopy medial and lateral meniscectomy with ACL laxity (7-2013); physical therapy; medications. Diagnostics studies included X-rays bilateral knees (12-1-14); MRI right knee (3-6-15). Currently, the PR-2 notes dated 4-27-15 indicated the injured worker present for an orthopedic re-evaluation regarding her right knee. She is a status post right knee diagnostic and operative arthroscopy on 7-26-13 which was a revision surgery from a previous surgical intervention to her right knee in 2009. Post-operatively, she was making progress and she is able to return to her full and customary work duties without limitations or restrictions. However, approximately two months ago, she was pulled by a dog and since then she has been symptomatic with swelling, instability, and weakness. She is utilizing a brace for support and she states that with the brace, she is asymptomatic. However, when she tried to walk or ambulate without it she experiences excessive swelling and there is pain along the outer aspect of her knee. She saw her primary care physician who requested a MRI. The MRI was without contrast and indicated no definitive tear of the ligamentous of the menisci; however, there is progression of the chondromalacia of the patella which was now grade 3 compared to previous operative report of a grade 2. There was also interval resolution of edema around the knee and improvement of joint effusion. There is quadriceps tendinosis in mild degree.

On physical examination the provider documents 1+ effusion, tender to palpation over the lateral joint line, positive patellofemoral crepitation, positive grind and pain with deep squat. She is utilizing her brace on this visit. The provider is recommending conservative treatment with physical therapy and a MR arthrogram due to her experienced symptoms. The provider is requesting authorization of one Synvisc Injection for the right knee.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **One Synvisc Injection: Right Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), 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 & Leg (Acute & Chronic): Hyaluronic acid injections.

**Decision rationale:** The claimant sustained a work injury in July 2009 and underwent right knee arthroscopic surgery in December 2009 with revision surgery in July 2013. An x-ray of the right knee in December 2014 included findings of mild to moderate osteoarthritis. When seen, she was having swelling and aching over the lateral compartment. Recent treatments had included physical therapy. Physical examination findings included joint line tenderness with a trace effusion. There was positive patellofemoral grinds testing with crepitus. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. Criteria include an inadequate response to conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or intolerance of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications) after at least 3 months, documented symptomatic severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and a failure to adequately respond to aspiration and injection of intra-articular steroids. In this case, the claimant does not have a diagnosis of severe knee osteoarthritis confirmed by x-ray. There is no evidence that the claimant has tried and failed an appropriate trial of any non-steroidal anti-inflammatory medication or trial of acetaminophen or injection therapy with corticosteroids. The requested series of injections was not medically necessary.