

<b>Case Number:</b>	CM15-0195854		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	08/10/2015
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 61 year old male, who sustained cumulative industrial trauma injuries from 09-18-1995 to 08-10-2015. He has reported subsequent bilateral knee pain and was diagnosed with bilateral knee sprain with patellofemoral arthralgia with severe tricompartmental osteoarthritis. The injured worker was also diagnosed with Diabetes. Treatment to date has included pain medication, bracing, physical therapy and surgery, which were noted to have failed to significantly relieve the pain. The documentation submitted is minimal. In a doctor's first report of illness of injury dated 08-21-2015, the injured worker reported increasing right knee pain that was rated as 5 out of 10. Objective examination findings revealed tenderness to palpation over the medial joint line and peripatellar region and patellofemoral crepitus with passive ranging. Range of motion of the right knee was noted to be 130 degrees to flexion and 0 degrees to extension and range of motion of the left knee was noted to be 120 degrees to Flexion and 0 degrees to extension with a slow, guarded gait. X-rays of the right knee taken that day were noted to show zero cartilage interval on the medial aspect and two millimeters on the lateral aspect with ten degree varus deformity with severe tricompartmental osteoarthritis and x-rays of the left knee taken that day demonstrated bone-on-bone of the medial compartment, three- millimeter cartilage interval on the lateral compartment and eight degree varus deformity with severe tricompartmental osteoarthritis. The injured worker was noted to be able to perform usual work. The physician noted that Bionicare systems and Synvisc injections bilaterally were being recommended. A request for authorization of Bionicare systems for bilateral knees and

Synvisc injections for bilateral knees was submitted. As per the 09-22-2015 utilization review, the aforementioned requests were non-certified.

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

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

#### **BioniCare systems for bilateral knees: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines 13th Edition (web 2015).

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care.

**Decision rationale:** BioniCare systems are an unloading knee brace system. ACOEM states "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." The patient is not diagnosed with patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability. The patient is not currently working and will not be stressing the knee by climbing or carrying a load. As such the request for BioniCare systems for bilateral knees is not medically necessary.

#### **Synvisc injections for 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 13th Edition (web 2015) Knee and Leg (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections.

**Decision rationale:** Synvisc is a high molecular weight hyaluronan. MTUS is silent regarding the use of ultrasound guided Synvisc injections. While ACOEM guidelines do not specifically mention guidelines for usage of ultrasound guided orthovisc injections, it does state that "Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection." ODG recommends as guideline for Hyaluronic acid injections "Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe

osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids;". Medical note fail to document if the patient was unsuccessful with steroid injections or other treatment nonpharmacologic (such as physical therapy) or pharmacologic modalities (medications) after at least 3 months". ODG states that "This RCT found there was no benefit of hyaluronic acid injection after knee arthroscopic meniscectomy in the first 6 weeks after surgery, and concluded that routine use of HA after knee arthroscopy cannot be recommended". As such, the request for Synvisc injections for bilateral knees is not medically necessary.