

<b>Case Number:</b>	CM15-0199187		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	06/05/2014
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 50 year old female injured worker suffered an industrial injury on 6-5-2014. The diagnoses included degenerative joint disease and lateral meniscal tear. On 9-16-2015, the treating provider reported bilateral knee pain and was nearly 6 months out from left knee arthroscopy. She reported the pain in the right knee was initially improved following Synvisc injections but felt the pain was slowly returning. She remained in physical therapy for the left knee and stated the knee was "buckling backwards" since surgery. She reported she was concerned there was a sense of instability and it was preventing progress in therapy. On exam, the patella tendon and the medial hamstring were moderately tender. The ligaments were stable. The injured worker was taking Norco and Valium. The injured worker requested another Synvisc injection. Request for Authorization date was 9-21-2015. The Utilization Review on 9-30-2015 determined non-certification for Ultrasound Left Lower Extremity and Synvisc One Left Knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound Left Lower Extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Ultrasound, diagnostic.

**Decision rationale:** The claimant sustained a work injury in June 2014 and underwent left knee arthroscopic surgery for a meniscal tear. When seen, she was having diffuse left leg pain with some swelling of the foot and ankle. Left knee MRI results were reviewed showing post-operative findings and moderate lateral compartment osteoarthritis. She was having diffuse pain and tingling in all extremities. Physical examination findings included quadriceps, some hamstring, and patellar tenderness. There was no joint line tenderness. A Synvisc one injection and an ultrasound for swelling was requested. Indications for diagnostic ultrasound of the foot and ankle include chronic foot pain when tarsal tunnel syndrome or Morton's Neuroma is clinically suspected. In this case, there is no physical examination of the foot or ankle or qualifying diagnosis. Plain film x-ray results are not reported. The request is not medically necessary.

**Synvisc One Left Knee:** 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).

**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 June 2014 and underwent left knee arthroscopic surgery for a meniscal tear. When seen, she was having diffuse left leg pain with some swelling of the foot and ankle. Left knee MRI results were reviewed showing post-operative findings and moderate lateral compartment osteoarthritis. She was having diffuse pain and tingling in all extremities. Physical examination findings included quadriceps, some hamstring, and patellar tenderness. There was no joint line tenderness. A Synvisc one injection and an ultrasound for swelling was requested. 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, there is no diagnosis of severe osteoarthritis either by x-ray or fulfilling the ACR criteria. Additionally, there is no evidence of failure of injection of intra-articular steroids. The requested series of viscosupplementation injections is not medically necessary.