

<b>Case Number:</b>	CM15-0027407		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	12/01/2005
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 39 year old male, who sustained an industrial injury on 12/1/05. On 2/13/15, the injured worker submitted an application for IMR for review of 1 cortisone injections, and 1 series of 3 Synvisc injections or 1 Synvisc One injection. The treating provider has reported on 2/11/15, the injured worker was evaluated and noted swelling and pain at the joint lines and refilled a Percocet 10/325mg oral tablet #120 for pain control. The diagnoses have included right ankle sprain/strain with osteonecrosis, right knee injury, internal derangement knee NOS, stenosing tenosynovitis right posterior tibial tendon. Treatment to date has included surgeries for right ankle osteochondral lesion - status post allograft (2010, 2011, 2012, 2013), right knee injury ACL reconstruction/post cartilage implantation (2012), status post right knee scar tissue debridement, status post revision arthroscopic debridement/removal of hardware, status post revision arthroscopic debridement/removal of hardware, status post left hip multiple debridement from muscle necrosis (2011), status post left hip multiple debridement from muscle necrosis (2011), physical therapy, aquatic therapy, acupuncture and medication. On 2/10/15 Utilization Review non-certified 1 cortisone injections, and 1 series of 3 Synvisc injections, or 1 Synvisc One injection. The ACOEM Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 cortisone injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339; 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg (Acute & Chronic) Chapter, under Corticosteroid injections.

**Decision rationale:** Based on the 01/29/15 progress report provided by treating physician, the patient presents with right knee pain. The request is for 1 CORTISONE INJECTIONS. Patient's diagnosis per Request for Authorization form dated 02/05/15 includes right knee patellofemoral pain. Diagnoses have also included right knee injury, internal derangement knee NOS; and right knee injury ACL reconstruction/post cartilage implantation (2012). Patient is prescribed Percocet for pain. The patient has returned to modified duty and is slowly returning to full status. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Corticosteroid injections states: "Recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. Criteria for Intraarticular glucocorticosteroid injections: Documented symptomatic severe osteoarthritis of the knee. Not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen); Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease. Only one injection should be scheduled to start, rather than a series of three. A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response. With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option. The number of injections should be limited to three." Per treater report dated 01/29/14, "the patient is approximately one year status post right knee ACI realignment. He is maxed out on physical therapy, but still with some pain with deep knee flexion right now we are going to continue him on his physical therapy for what he has left, home exercise program and then will discuss with him cortisone versus visco-supplementation injection therapy for the future." In this case, medical records provide no imaging that confirmed 'severe arthritis' to warrant cortisone injection at this time. ODG recommends a trial of these injections for patients that have significant osteoarthritic knee pain. Given the lack of imaging or clinical verification of severe osteoarthritis, recommendation for the cortisone injection cannot be made. Therefore, the request IS NOT medically necessary.

**1 series of 3 synvisc injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339; 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections.

**Decision rationale:** Based on the 01/29/15 progress report provided by treating physician, the patient presents with right knee pain. The request is for 1 SERIES OF 3 SYNVISIC INJECTIONS. Patient's diagnosis per Request for Authorization form dated 02/05/15 includes right knee patellofemoral pain. Diagnoses have also included right knee injury, internal derangement knee NOS; and right knee injury ACL reconstruction/post cartilage implantation (2012). Patient is prescribed Percocet for pain. The patient has returned to modified duty and is slowly returning to full status. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections states: "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. Criteria for Hyaluronic acid injections: Generally performed without fluoroscopic or ultrasound guidance; Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. Per treater report dated 01/29/14, "the patient is approximately one year status post right knee ACI realignment. He is maxed out on physical therapy, but still with some pain with deep knee flexion. Right now we are going to continue him on his physical therapy for what he has left, home exercise program and then will discuss with him cortisone versus visco-supplementation injection therapy for the future." In this case, medical records provide no imaging or discussions that confirm 'severe arthritis' to warrant synvisc injection at this time. ODG recommends hyaluronic injections for patients that have significant osteoarthritic knee pain, and is not recommended for patellofemoral pain. The request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.

**1 synvisc one injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339; 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections.

**Decision rationale:** Based on the 01/29/15 progress report provided by treating physician, the patient presents with right knee pain. The request is for 1 SYNVISIC ONE INJECTION. Patient's diagnosis per Request for Authorization form dated 02/05/15 includes right knee patellofemoral pain. Diagnoses have also included right knee injury, internal derangement knee NOS; and right knee injury ACL reconstruction/post cartilage implantation (2012). Patient's medications include Percocet, Hydromorphone and Lidoderm patches. The patient has returned to modified duty and is slowly returning to full status. ODG Guidelines, Knee & Leg (Acute &

Chronic) Chapter, under Hyaluronic acid injections states: Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. Criteria for Hyaluronic acid injections: Generally performed without fluoroscopic or ultrasound guidance; Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarsophalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. Per treater report dated 01/29/14, "the patient is approximately one year status post right knee ACI realignment. He is maxed out on physical therapy, but still with some pain with deep knee flexion. Right now we are going to continue him on his physical therapy for what he has left, home exercise program and then will discuss with him cortisone versus visco-supplementation injection therapy for the future." In this case, medical records provide no imaging or discussions that confirm 'severe arthritis' to warrant synvisc injection at this time. ODG recommends hyaluronic injections for patients that have significant osteoarthritic knee pain, and is not recommended for patellofemoral pain. The request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.