

<b>Case Number:</b>	CM15-0212237		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 67 year old female who sustained an industrial injury on 5-11-12. A review of the medical records indicates she is undergoing treatment for bilateral ankle sprains - mostly resolved, left lateral knee meniscus tear, right lateral knee meniscus tear - status post arthroscopy with lateral meniscectomy, bilateral knee degenerative joint disease, bilateral hip degenerative joint disease, bilateral greater trochanteric bursitis, left shoulder impingement syndrome, left cubital tunnel syndrome - subjectively, left carpal tunnel syndrome, and hypertension. Medical records (3-19-15, 4-30-15, and 6-4-15) indicate complaints of left shoulder pain, left knee pain "5 out of 10", left cubital and carpal tunnel symptoms, and right knee pain "7 out of 10" without medications and "4 out of 10" with medications (4-30-15). The 6-4-15 record indicates that her right knee pain is "intermittent" and that she has no complaints regarding the right knee on that visit. The physical exam (6-4-15) reveals tenderness on palpation over the medial joint line of the knees bilaterally. Crepitation is noted of the patella bilaterally. Patellar compression test causes discomfort. Range of motion is diminished in the knees bilaterally. Diagnostic studies have included x-rays of bilateral knees and an MRI of the right knee. Treatment has included activity modification, medications, post-operative physical therapy of the left knee, and a home exercise program. A Synvisc injection was discussed for the left knee on the 3-19-15 orthopedic visit. The 6-5-15 record indicates the treatment plan is for a Synvisc injection to the right knee with the orthopedic provider. The utilization review (10-7-15) includes requests for authorization of office visits x 4 with orthopedic surgeon for series of

Synvisc injections and follow-up visit with orthopedic surgeon after series of Synvisc injections. The requests were denied.

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

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

#### **Office Visits X4 with Orthopedic Surgeon for Series of Synvisc Injections: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Knee Complaints 2004, and Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis, Office Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section, Office visits, Knee and Leg section, Hyaluronic acid injections.

**Decision rationale:** The MTUS Guidelines are silent on office visits with a physician. The ODG, however, states that they are recommended as determined to be medically necessary, and clearly should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs, and symptoms, clinical stability, and reasonable physician judgment. A set number of visits cannot be reasonable established, however, the clinician should be mindful of the fact that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The MTUS Guidelines do not mention hyaluronic acid injections for the knee. The ODG, however, states that they are recommended as a possible option for severe osteoarthritis for those patients who have not responded adequately to recommended conservative treatments such as exercise and NSAIDs or acetaminophen and steroid injections for the purpose of delaying total knee replacement surgery, although the overall benefit from trials seems to be modest at best. There is insufficient evidence for using hyaluronic acid injections for other conditions besides severe osteoarthritis, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. Also, repeat injections are generally allowed in cases where significant benefit was documented for more than 6 months after the previous injection. In the case of this worker, imaging findings found in the notes suggested moderate to severe osteoarthritis of the right knee and failed conservative treatments leading up to this request, warranting a series of 3-5 injections of Synvisc to the right knee as previously requested. The office visits for which to perform these injections would also be medically necessary and appropriate.

#### **Follow Up Visit with Orthopedic Surgeon after Series of Synvisc injections: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Knee Complaints 2004, and Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis, Office Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section, Office visits.

**Decision rationale:** The MTUS Guidelines are silent on office visits with a physician. The ODG, however, states that they are recommended as determined to be medically necessary, and clearly should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs, and symptoms, clinical stability, and reasonable physician judgment. A set number of visits cannot be reasonable established, however, the clinician should be mindful of the fact that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In the case of this worker, imaging findings found in the notes suggested moderate to severe osteoarthritis of the right knee and failed conservative treatments leading up to this request, warranting a series of 3-5 injections of Synvisc to the right knee as previously requested. An office visit following these injections would also be medically necessary and appropriate in order to evaluate the effectiveness of the series.