

<b>Case Number:</b>	CM14-0116738		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/23/2010
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55-year-old male sustained an industrial injury on 3/23/10. Injury occurred while he was lifting 70 pounds of furniture into a van. The patient underwent right knee arthroscopy in 2010, and left knee arthroscopy on 4/29/13. He was also diagnosed with right hip avascular necrosis, labral tearing and osteoarthritis. Viscosupplementation was provided for the right knee in the post-operative period following the 2010 surgery with stated benefit. A corticosteroid injection was performed to the right knee on 5/9/13. The 1/20/14 treating physician report cited definite intraoperative and radiographic evidence of right knee osteoarthritis and medial joint space compartment narrowing. The patient presented with right knee achiness, stiffness, and pain that had been alleviated by Synvisc in the past. Conservative treatment was not providing adequate relief. Bilateral Synvisc injections were requested. The 6/2/14 treating physician report indicated that the patient had been approved for Synvisc One to the left knee. The patient was in significant pain and very depressed. Right knee exam documented range of motion 0-115 degrees with medial joint line tenderness. There was positive patellofemoral crepitation and pain with walking. The treatment plan documented evidence of right knee osteoarthritis and again requested Synvisc One viscosupplementation. The 6/27/14 utilization review denied this request for a Synvisc one injection to the right knee as there was no documentation of advanced tibiofemoral arthritis and there is no documentation as to the duration of benefit with the previous Synvisc One injection. The 7/17/14 treating physician report reviewed the history of injury and treatment. There was evidence of medial compartment joint space narrowing on the recent weight bearing films and Synvisc had been very beneficial in the past for this patient. Authorization for this injection as soon as possible was again requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Drain / Inject Joint/Bursa:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**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, Hyaluronic acid injections

**Decision rationale:** The California MTUS guidelines do not provide recommendations for these injections in chronic knee complaints. The Official Disability Guidelines state that viscosupplementation is recommended for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments. Criteria include documented symptomatic severe osteoarthritis of the knee as evidenced by the following: bony enlargement; bony tenderness; crepitus on active motion; less than 30 minutes of morning stiffness; no palpable warmth over the synovium; and/or age over 50 years. Guideline criteria have been met. There is clinical and imaging evidence of osteoarthritis consistent with guideline requirements. The last viscosupplementation for this patient was 2 to 3 years ago with stated benefit. Therefore, this request is medically necessary.