

<b>Case Number:</b>	CM14-0142982		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/26/1997
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 65-year-old female with date of injury of 09/26/1997. The listed diagnoses per [REDACTED] dated 02/24/2014 are: 1. Displacement of the lumbar intervertebral disk without myelopathy. 2. Unspecified internal derangement of the knee. According to this report, the patient complains of severe pain in the right knee that started a week after the last Synvisc injection was provided, which has worsened over the last weeks. She is having much difficulty walking. The patient has utilized physical therapy, exercises, TENS treatments, and psychotherapy; all of which provided her moderate relief. She had a Synvisc injection in the left knee. The examination of the lumbar spine reveals tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. Lumbar facet loading maneuver is positive bilaterally. Straight leg raise is negative bilaterally. Patrick's and Gaenslen's maneuver are positive. Right knee reveals full range of motion. Motor strength is 5/5 and symmetric throughout the bilateral upper and lower extremities except 4+/5 on the right shoulder flexion and abduction and right grip strength. There is diminished sensation in the right L5 and S1 dermatomes of the lower extremities. Reflexes are symmetric at 1+/4 in the bilateral upper extremities and 1+/4 in the bilateral lower extremities. The utilization review denied the request on 03/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Physical Therapy 2 Times A Week For 5 Weeks for Bilateral Knees: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy: Page(s): 22.

**Decision rationale:** This patient presents with bilateral knee pain. The treater is requesting 10 aqua physical therapies for the bilateral knees. The MTUS Guidelines recommend aquatic therapy as an option for a land-based physical therapy in patients that could benefit from decreased weight-bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. The utilization review modified the request to allow for 1 time a week for 2 weeks to assist with pain management and review a home exercise program. In this case, the patient has not had any recent aqua therapy sessions, and a short course is reasonable given the patient's bilateral knee symptoms. The request for Aqua Physical Therapy 2 Times A Week For 5 Weeks for Bilateral Knees is medically necessary.

**Right Knee Synvisc Injections Quantity 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Hyaluronic acid injections

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Synvisc

**Decision rationale:** This patient presents with bilateral knee pain. The treater is requesting a right knee Synvisc injection x3. The MTUS and ACOEM Guidelines do not address this request. However, ODG on Synvisc-One states that it is recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments including exercise, NSAIDs or acetaminophen and to potentially delay total knee replacement. Recent quality studies show the magnitude of improvement appears to be modest at best. The 02/24/2014 report notes that the patient received a Synvisc-One injection to the left knee. In addition, the treater notes "severe pain in right knee that started 1 week after the Synvisc-One Injection provided 1 month ago worsening over last weeks. Having much difficulty walking...." In this case, the patient's MRI from 3/25/14 showed severe arthritic changes but the patient has already tried Synvisc with no benefit. The treater does not explain why he wants to try the injection again. Repeat injections are not indicated unless there is pain reduction and functional benefit. The request for Right Knee Synvisc Injections Quantity 3 is not medically necessary.