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| <b>Case Number:</b>   | CM14-0143145 |                              |            |
| <b>Date Assigned:</b> | 09/10/2014   | <b>Date of Injury:</b>       | 07/18/2013 |
| <b>Decision Date:</b> | 10/14/2014   | <b>UR Denial Date:</b>       | 08/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/04/2014 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 64-year-old male with a date of injury of 07/18/2013. The listed diagnoses per [REDACTED] are: 1. Right knee sprain/strain injury. 2. Right knee meniscal injury with tear. 3. Right knee internal derangement. 4. Left knee injury with pain, likely due to overcompensation. According to progress report 08/12/2014, the patient presents with ongoing pain in his right knee which is aggravated with bending, stooping, and getting up from a sitting to standing position. The patient did have a cortisone injection with [REDACTED] which did improve his pain. Examination of the right knee revealed, "The patient does have tenderness to palpation in the lateral aspect of the right knee. Deep tendon reflexes are equal in bilateral lower extremity." The provider is requesting 3 Synvisc injections to the right knee as prior injection "helped him with range of motion as well as with pain." Utilization review denied the request on 08/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee Synvisc injection x 3 (1 times per week for 3 weeks): 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), Knee & Leg Chapter, Hyaluronic Acid Injections

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ODG guidelines on Synvisc for knee.

**Decision rationale:** This patient presents with ongoing pain in his right knee. The treater is requesting 3 Synvisc injections to the right knee. MRI of the right knee showed chondromalacia and meniscal tears but no evidence of osteoarthritis. X-rays of the right knee revealed "well maintained joint spaces." The MTUS Guidelines do not discuss Hyaluronic acid knee injections. Therefore, return to ODG for further discussion. ODG recommends "Hyaluronic acid injection as a possible option for severe osteoarthritis who have not responded adequately to recommend a conservative treatments including exercise, NSAIDs, or acetaminophen to potentially delay total knee replacements or who have failed the previous knee surgery for arthritis, but in recent quality studies, the magnitude of improvement appears modest." In this case, the treater states the patient had decrease in pain and increase in range of motion with prior injection. Operative report was not provided and progress reports do not discuss this improvement. Furthermore, the MRI and X-rays reports do not indicate severe osteoarthritis to warrant a hyaluronic injection. Recommendation is for denial.