MAXIMUS Federal Services

| Case Number: | CM14-0167943 | | |
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| Date Assigned: | 10/15/2014 | Date of Injury: | 02/11/2013 |
| Decision Date: | 11/18/2014 | UR Denial Date: | 10/02/2014 |
| Priority: | Standard | Application Received: | 10/13/2014 |

## 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 Therapy, has a subspecialty in Occupational Therapy and is licensed to practice in Iowa. 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 patient is a 51 year old employee with date of injury of 2/11/2013. Medical records indicate the patient is undergoing treatment for a grade III tear involving body and posterior horns of medial meniscus; myxoid degeneration in anterior and posterior horns of lateral meniscus; degenerative arthritis in the form of osteophytes, reduced joint space and chondromalacia; chondromalacia patella and moderate knee joint effusion. He is s/p knee arthroscopy surgery. (4/23/2013) He also suffers from morbid obesity and hypertension. Subjective complaints include intractable knee pain due to a work injury. Pain in both his right and left knees is described as sharp, stabbing and throbbing. The pain is constant and aggravated by standing, kneeling, stooping, driving, climbing stairs and bending. He does get relief from his low back pain from Terocin patches. His low back pain is frequent, sharp and stabbing which radiates to his lower extremities. Objective findings include muscle spasm demonstrated 1/5/4 paralumbar on right and left. Range of motion (ROM) of the L-spine is limited in forward flexion. He cannot bring his fingertips closer than 14 inches from the floor. He can lateral bend 70-75% of normal to the left and right and left and right rotation. His straight leg raise is +75% on the right. Patient uses a walking cane. Treatment has consisted of PT and chiropractic care, Prilosec, Ultram, Motrin, Lorazepam, Ibuprofen, Terocin Patch, Hyzaar, Percocet, walking cane and Voltaren. The utilization review determination was rendered on 10/2/2014 recommending non-certification of Synvisc one supplementation injection left knee x 3.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc one supplementation injection left knee x 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 (updated 8/25/14)Synvisc (hylan)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-352. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections

**Decision rationale:** Orthovisc is a high molecular weight hyaluronan. The MTUS is silent regarding the use of ultrasound guided orthovisc injections. While ACOEM guidelines do not specifically mention guidelines for usage of ultrasound guided orthovisc injections, it does state that "Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intra-articular infection." The ODG recommends as guideline for Hyaluronic acid injections "Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months;- Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age.- Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease;- Failure to adequately respond to aspiration and injection of intra-articular steroids;". While the treating physician did document that the patient had a trial and failure of PT, medical notes document that the patient underwent knee arthroscopy in April 2013. "ODG states that "This RCT found there was no benefit of hyaluronic acid injection after knee arthroscopic meniscectomy in the first 6 weeks after surgery, and concluded that routine use of HA after knee arthroscopy cannot be recommended". As such, the request for Synvisc one supplementation injection left knee x 3is not medically necessary.