

Case Number:	CM15-0113552		
Date Assigned:	06/19/2015	Date of Injury:	07/27/2003
Decision Date:	07/23/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 53-year-old female who sustained an industrial injury on 07/27/2003. Diagnoses include lumbar spine sprain/strain, lumbar facet hypertrophy and arthropathy and status post right knee arthroscopy with residual pain. Treatment to date has included medications, lumbar facet radiofrequency nerve ablations (RFA), physical therapy, right knee arthroscopies and intra-articular injections. According to the progress notes dated 1/6/15, the IW reported low back and right knee pain. She reported some improvement in back pain after the RFAs. She complained of persistent right knee pain partially relieved by medication. On examination, range of motion (ROM) was reduced in the lumbar spine, with pain noted over the L5-S1 spinous process and over the L4-5 and L5-S1 facets, worse on the left. Facet loading was positive bilaterally, but also worse on the left. Straight leg raise was negative and Patrick's/Fabere's test was positive on the left. The right knee was tender in the subpatellar and distal femoral condyle areas. McMurray's sign was questionable and Drawer's sign was negative. MRI of the right knee on 4/10/15 showed evidence of previous partial lateral meniscectomy with resection of the free edge margin of its midbody with apical blunting; minimal irregularity involving the apex at the posterior horn of the lateral meniscus near the meniscal root, possibly postsurgical as well; small 2-3 mm apical free edge tear, midbody of the medial meniscus (correlation with the prior surgical report recommended); and 4 cm long lobulated popliteal recess. The IW was seen by her pain management provider on 4/28/15 for right knee pain. The

provider reviewed the MRIs and examined the IW. He opined that there was no structural problem that would warrant surgical intervention at that time and recommended viscosupplementation. A request was made for Synvisc One injection to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvic one injection right knee: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections.

Decision rationale: The patient presents with right knee pain rated 8/10. The request is for Synvisc One injection right knee. The request for authorization is not provided. The patient is status post three previous arthroscopic surgeries of the right knee. MRI of the right knee, 04/10/15, shows status post partial lateral meniscectomy with resection of the free edge margin of its midbody with apical blunting; minimal irregularity involving the apex at the posterior horn of the lateral meniscus near the meniscal root, possibly postsurgical as well; small 2-3 mm apical free edge tear, midbody of the medial meniscus; 4 cm long lobulated popliteal recess. Physical examination of the right knee reveals medial joint line tenderness. Her strength is good. She is full weightbearing. Persistent pain in the subpatellar area as well as distal femoral condyle area medially with McMurray being questionable and Drawer sign is negative. Lateral and collateral ligaments appear intact. Patient has had intraarticular injections and physical therapy. She continues with conservative modalities of rest, ice, anti-inflammatories and analgesics. Patient's medications include Norco, Soma and Trazodone. The patient's work status is not provided. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections states: "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best." Criteria for Hyaluronic acid injections: Generally performed without fluoroscopic or ultrasound guidance; Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. Per progress report dated 04/28/15, treater's reason for the request is "One option is to live with it the way it is. The second option is viscosupplementation with potentially Synvisc One to see if this helps her. I do not believe any further arthroscopic surgery of the right knee is indicated at this time." In this case, the patient has been treated with surgeries, injections and physical therapies, but her right knee remains symptomatic. ODG recommends Synvisc One injections for severe osteoarthritis for patients who have not responded adequately to conservative treatments. However, physical examination of the patient's

right knee and diagnosis do not show severe osteoarthritis. Physical examination dated 04/28/15 of the right knee reveals, "Her strength is good. She is full weightbearing." Physical examination dated 03/09/15, "Persistent pain in the subpatellar area as well as distal femoral condyle area medially with McMurray being questionable and Drawer sign is negative. Lateral and collateral ligaments appear intact." Additionally, MRI of the right knee does not corroborate severe osteoarthritis. Therefore, the request is not medically necessary.