

<b>Case Number:</b>	CM15-0115514		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	02/18/2015
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 is a 44 year old male who sustained an industrial injury on 02/18/2015 when he twisted his right knee on uneven pavement. The injured worker was diagnosed with right knee internal derangement. Diagnostic testing included a recent right lower extremity magnetic resonance imaging (MRI) performed on March 12, 2015 which revealed intact menisci, cruciate ligaments and collateral ligaments and no evidence for osteochondral injury. Treatment to date has included conservative measures, physical therapy, cortisone injections to the right knee on May 5, 2015 and medications. According to the primary treating physician's progress report on May 8, 2015, the injured worker continues to experience right knee pain rate at 3/10 with medications and 9/10 without medications. Examination demonstrated mild tenderness to palpation over the medial joint light on the right with mild crepitation of the right patella. No effusion was noted and McMurray's test was negative. No instability was evident. The injured worker is on temporary total disability (TTD) with modified duties. Current medications are listed as Norco, Soma and Restoril. Treatment plan consists of random urine drug screening and the current request for one Synvisc injection right knee and Pennsaid topical solution.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc injection right knee Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee section.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic): Hyaluronic acid injections.

**Decision rationale:** The claimant sustained a work injury in February 2015 and is being treated for right knee pain. Treatments have included physical therapy and medications have included nabumetone and acetaminophen. When seen, pain was rated at 3/10 with medications. Norco, Soma, and Restoril were being prescribed. There was mild medial joint line tenderness and mild right patellar crepitus. An x-ray was obtained showing normal joint spaces. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. There is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). In this case, the claimant no x-ray evidence of even mild osteoarthritis. The requested injection is not medically necessary.

**Pennsaid solution 2% (bottle), Qty: 1.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The claimant sustained a work injury in February 2015 and is being treated for right knee pain. Treatments have included physical therapy and medications have included nabumetone and acetaminophen. When seen, pain was rated at 3/10 with medications. Norco, Soma, and Restoril were being prescribed. There was mild medial joint line tenderness and mild right patellar crepitus. An x-ray was obtained showing normal joint spaces. Indications for the use of a topical non-steroidal anti-inflammatory medication such as Voltaren Gel (diclofenac topical) include joints that are amenable to topical treatment. In this case, the claimant has localized peripheral pain affecting the right knee amenable to topical treatment. Oral non-steroidal anti-inflammatory medication has already been tried and is no longer being prescribed. The requested medication is medically necessary.