

<b>Case Number:</b>	CM15-0118022		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	01/26/2007
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 62 year old male, who sustained an industrial injury on 1/26/07. Initial complaints were not reviewed. The injured worker was diagnosed as having right knee early medial compartment osteoarthritis with possible recurrent medial meniscus tear; previous knee arthroscopy (2013). Treatment to date has included right knee injection (2/12/15; medications. Diagnostics included x-rays right knee (2/12/15). Currently, the PR-2 notes dated 5/14/15 indicated the injured worker reports he had a right knee injection last February that helped significantly. This was a steroid injection and lasted 2 months and then he started having recurrent knee swelling after exercise or activity. He has been doing home exercise program, icing, and using oral inflammatories but still has pain with repetitive use. He gets swelling after any significant exercise, long period of walking or standing and still has difficulty with deep bending. On physical examination, he has range of motion 0 to 120 degrees, walks with a limp and has a moderate amount of effusion. He has positive patellofemoral crepitus with positive patellofemoral grind test. There is tenderness to palpation on the medial joint line with a mild McMurray's sign. He notes stable to varus/valgus stress, anterior/posterior drawer, and Lachman's. He has 2+ DP pulse, normal sensation to light touch. The provider notes the injured worker has had Synvisc injections in the past but does not indicate the date. He does state he had good response. The provider is requesting authorization for right knee Synvisc injection using ultrasound guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Synvisc injection using ultrasound guidance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Knee and Leg Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- knee chapter and Hyaluronic Acid and pg 35.

**Decision rationale:** According to the guidelines: Criteria 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 according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm<sup>3</sup>); 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; Generally performed without fluoroscopic or ultrasound guidance; Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement (Wen, 2000); Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence. In this case, the claimant had injections within 6 months. In addition, fluoroscopic /ultrasound guidance is not generally needed. The request for an additional injection is premature and is not medically necessary with use of ultrasound.