

<b>Case Number:</b>	CM15-0128648		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	09/16/2012
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: Texas, 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 47-year-old female who sustained an industrial injury on September 16, 2012. The injured worker was employed as a food demonstrator. A primary treating orthopedic re-evaluation dated November 19, 2014 reported subjective complaints of lower back and left knee pain. She is experiencing flare-ups of symptoms especially due to the weather changes. She continues utilizing anti-inflammatory medication for symptomatic relief. Objective findings showed decreased range of motion with anterior flexion of the trunk, a positive straight leg raise test and a slight decrease in sensation over the S1 dermatome. The left knee had crepitus with range of motion. The following diagnoses were applied: musculoligamentous strain of the lumbar spine; internal derangement of the left knee, status post arthroscopic partial meniscectomy with osteoarthritis of the medial weight bearing surface, and carpal tunnel syndrome of the right hand, status post release December 17, 2013. The plan of care noted continuing with acupuncture therapy; undergo administration of cortisone injection to the left knee, and refilled Motrin prescription. A report dated January 07, 2015 reported the worker as deemed permanent and stationary. There were subjective complaints of intermittent cervical pain with occasional pain, numbness and tingling in the right hand. She is also with low back pain and left knee pain. The following diagnoses were applied: traumatic musculoligamentous strain cervical spine with spondylosis; right carpal tunnel release with status post release; musculoligamentous strain of the lumbar spine with left lower extremity radiculitis; herniated discogenic disease at L4-5, and L5-S1 with annular tear; left lower extremity radiculitis; and internal derangement of the left knee with status post arthroscopic surgery including

synovectomy, and chondroplasty with evidence for grade II-III chondromalacia medial femoral condyle. A more recent primary follow up dated May 15, 2015 the plan of care noted recommending Synvisc injections for the right knee, and continuing Motrin 600mg, and Tramadol 50 mg. The medication list includes Motrin 600mg, and Tramadol 50 mg. Per the note dated 5/15/15 the patient had complaints of left knee pain and swelling. Physical examination of the left knee revealed tenderness on palpation, patellofemoral crepitus. The patient had used a lumbar brace for this injury. The patient's surgical history includes right CTR and left knee surgery on 3/11/14. Per the note, dated 7/7/15 patient has received two synvisc injections and it was helpful. Any surgical or procedure note related to this injury was not specified in the records provided. The patient had received an unspecified number of PT, chiropractic and acupuncture visits for this injury.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Two left knee synvisc injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**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 (updated 07/10/15) Hyaluronic acid injections.

**Decision rationale:** Request: Two left knee synvisc injections California Medical Treatment Utilization Schedule (CA MTUS) Chronic Pain guidelines and American College of Occupational and Environmental Medicine (ACOEM), Occupational Medicine Practice Guidelines, 2nd Edition, does not address this request. Therefore, ODG guidelines are used. Per the ODG Guidelines, Hyaluronic acid or Hylan injection (Synvisc injection) are recommended in patients who, "Experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications); Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement; Younger patients wanting to delay total knee replacement." Per the cited guidelines, "The latest AAOS Guidelines for Treatment of Osteoarthritis of The Knee says they cannot recommend using HA for patients with symptomatic OA of the knee, based on strong evidence. According to the authors, fourteen studies assessed intraarticular (HA) injections. Although a few individual studies found statistically significant treatment effects, when combined together in a meta-analysis, the evidence did not meet the minimum clinically important improvement thresholds." Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The records provided did not specify response to standard non-pharmacologic and pharmacologic treatments. Evidence of intolerance to standard non-pharmacologic and pharmacologic treatments (e.g., gastrointestinal problems related to anti-inflammatory medications) was not specified in the records provided. The medical necessity of the request for two left knee synvisc injections is not medically necessary in this patient.

