

<b>Case Number:</b>	CM15-0177767		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	12/22/1970
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 75 year old male with an industrial injury dated 12-22-1970. Review of medical records indicates he is being treated for chronic bilateral knee pain, chronic degenerative arthritis and chronic pain syndrome. The progress note dated 08-07-2015 indicates the injured worker reports that his knee pain has gotten "worse" and is back to the level pre injection. The treating physician documented the injured worker reported receiving 90% pain relief for 5 months from bilateral knee Synvisc injections in 02-2015. The pain was rated as 5 out of 10 in both knees. "Patient reports taking Norco occasionally with moderate pain relief and no adverse side effects." Functional goals are documented as to continue to drive without risk of sudden severe knee pain as well as ability to kneel or stay standing greater than 10 minutes and to walk- exercise enough to lose weight. Functional abilities are documented as able to drive short distances, reports that his greatest fear is sudden debilitating pain and was currently unable to stand after kneeling due to pain. The functional abilities are unchanged from the 02-27-2015 note. Physical exam findings of knee exam are documented as significant scarring well healed bilateral knees with mild "TTP" along medial and lateral joint. Range of motion is documented as limited to 70 degree at right knee flexion and extension to 0 degrees with crepitus noted. Left knee range of motion is documented as normal. Bilateral tenderness along the sides of the patello tibial ligament was documented. Prior progress notes document the following: 02-27-2015 documents the injured worker reported pain in right knee as 6 out of 10 and pain in left knee as 4 out of 10. Medications are documented as "between 1-3 Norco's" to help reduce his pain levels. Synvisc injections to bilateral knees were administered. 03-06-2015 Documentation

indicates the injured worker is status post Synvisc knee injections with 90% pain relief and has not had to take any pain medications for one week. Pain level is documented as 6 out of 10 in right knee and 4 out of 10 in left knee. 05-29-2015 Documentation indicates knee pain is rated as 5 out of 10 in right knee and 3 out of 10 in left knee. "He reports that he has only used 8 Norco since he was last seen and is reaching his functional goals." Prior treatments are documented as non-steroidal anti-inflammatory drugs, Norco, Synvisc injections bilateral knees, TENS unit, intra-articular knee injection (2009) and physical therapy. The treating physician documents the injured worker had "multiple knee surgery (including bilateral knee replacement) all which have not helped. The request for authorization (undated) is for bilateral Synvisc knee injection. On 08-21-2015 the request for Synvisc injection, bilateral knee was denied by utilization review.

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

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

**Synvisc injection, bilateral knee:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines address this issue and repeat injections are supported if there was a significant improvement in pain for 6 months or more. It is well documented that there was significant enough pain relief that medications were drastically reduced for several months and function was improved. The pain has gradually worsened over the past few months, but the Guideline goal of up to 6 months of improvement has essentially been met. The records available for review do not clearly document if the prior knee arthroplasties were total or uni-compartmental. If total, these injections may little medical sense, but without clear documentation it is assumed that they were uni-compartmental. Under these circumstances, the repeat Synvisc injection, bilateral knee is medically necessary.