

<b>Case Number:</b>	CM15-0076594		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	08/31/2011
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 is a 57 year old male with an industrial injury dated 08/31/2011. His diagnoses included lumbar 4-5 and lumbar 5-sacral 1 disc degeneration/facet arthropathy, left leg radiculopathy with weakness, right knee medial meniscal tear, status post meniscectomy times 2, right knee degenerative joint disease, right shoulder impingement syndrome with right biceps tendonitis/AC joint degenerative joint disease, Cervicalgia with cervical 4-5 facet arthropathy and cubital tunnel syndrome. Prior treatment included physical therapy, corticosteroid injections, facet blocks at lumbar 4-5 and lumbar 5-sacral 1 and medications. He presents on 02/16/2015 for follow up. The injured worker had undergone facet blocks at lumbar 4-5 and lumbar 5- sacral 1. He noted worsening pain initially which significantly reduced to 1 on a 1-10 pain scale the next day and lasted several hours. He was complaining of low back pain with radiation into bilateral lower extremities. Physical exam revealed antalgic gait. There was tenderness of the lumbar area with decreased range of motion. There was palpable tenderness over the medial joint line of the right knee. MRI of the right knee and lumbar spine is documented in this note. Treatment plan included pain management consult, radiofrequency ablation at lumbar 4-sacral 1 and Synvisc injection to right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc One Injection to the right knee:** Overturned

**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 & Leg, Hyaluronic acid injections.

**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, Hyaluronic acid injections.

**Decision rationale:** Based on the 02/16/15 progress report provided by treating physician, the patient presents with right knee pain rated 5-7/10. The request is for Synvisc One Injection to the right knee. Patient is status post arthroscopic intervention of the right knee x 2, date unspecified. No RFA provided. Patient's diagnosis on 02/16/15 included osteoarthritis right knee, and pain in right knee. Diagnosis on 01/08/15 included right knee medial meniscal tear, status post meniscectomy x 2, and right knee degenerative joint disease. Physical examination to the right knee on 02/16/15 revealed tenderness to palpation to joint line and patellofemoral joint; and crepitus with motion. Treatment to date included physical therapy and medications. Patient's medications include Flexeril, Hydrochlorothiazide, Ibuprofen, Norco, Prilosec, Tramadol, and Trazodone. The patient is currently disabled, per 02/16/15 treater report. 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. UR letter dated 04/13/15 states "...there was no indication that the claimant has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies..." Per 01/08/15 treater report, "the patient will need to consider Visco supplementation and will need to have total knee arthroplasty at some point in time depending on his response to conservative treatment." Per 01/08/15 report, X-ray of the right knee dated 10/31/14, revealed "joint space narrowing and subchondral sclerosis; and osteoarthritis of the right knee." Patient continues with pain and presents with diagnosis of osteoarthritis, for which synvisc injection is indicated. There is no evidence of prior synvisc injection to the knee. The request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.