

<b>Case Number:</b>	CM15-0079158		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	03/13/2010
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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 26 year old male who sustained an industrial injury on 3/13/10. The injured worker reported symptoms in the bilateral knees. The injured worker was diagnosed as having sacroiliac joint sprain and medial/lateral epicondylitis. Treatments to date have included antidepressants, injections and anti-inflammatory medications. Currently, the injured worker complains of bilateral knee discomfort. The plan of care was for a bilateral knee Synvisc injection and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Bilateral knees Synvisc Injection Under Ultrasound Guidance Series of 3: 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 (Acute & Chronic), 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 (ODG) (1) Hyaluronic acid injections (2) Knee & Leg (Acute & Chronic), Corticosteroid injections.

**Decision rationale:** The claimant sustained a work-related injury in March 2010 and continues to be treated for chronic bilateral knee pain. When seen, a prior series of viscosupplementation injections in January 2014 had provided pain relief last for 14 months including a decreased in use of other medications. The was bilateral joint line tenderness with decreased range of motion and strength. A repeat series of injections with ultrasound guidance was requested. The claimant's BMI is over 36. A repeat series of viscosupplementation injections can be considered if there is a documented significant improvement in symptoms for 6 months or more and the symptoms recur. In this case, the claimant had benefitted for more than one year from the prior series of injections. In terms of ultrasound guidance, although generally performed without guidance, the use of ultrasound is not prohibited and would be expected to ensure proper needle placement. The claimant is obese and injection of the knee could be technically difficult. Therefore, the requested injections with ultrasound guidance were medically necessary.