

<b>Case Number:</b>	CM15-0090580		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	11/22/2013
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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, 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 36-year-old male with an industrial injury dated 11/22/2013 resulting in injury to left knee. His diagnoses included status post arthroscopy, synovectomy and meniscectomy of the left knee (01/30/2015) and left knee synovitis. Prior treatments included physical 3 times a week for 4 weeks, which was still in progress on the date of this note. Other treatments included surgery of left knee, anti-inflammatory medications and functional capacity evaluation. In the 04/06/2015 record, the provider documents the left knee is not improving. The injured worker was complaining of pain in the anterior and posterior aspects of the knee with frequent swelling. Physical exam noted left knee was positive for effusion without warmth or erythema. The knee was positive for patello femoral grind and was tender posteriorly. The injured worker walked with a mild limp on the left. MRI dated 12/26/2013 revealed complex tear of the body of posterior horn of the medial meniscus and probable tear of anterior horn of lateral meniscus with mild joint effusion. Arthrogram of left knee was performed on 10/10/2014, however; the entire report is not available in the submitted records. The provider noted Naproxen did help for pain and swelling. The treatment plan was for unloader brace, complete remaining physical therapy and progress to home exercise program, cane, Naproxen 550 mg # 60 for pain and swelling and Ortho Synvisc times 3 to left knee for degenerative changes. The requested treatment is for Ortho Synvisc injection to the left knee times 3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthosynvisc injection to the left knee x 3: Upheld**

**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.

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

**Decision rationale:** Regarding the request for Orthosynvisc injections, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Guidelines go on to state that the injections are generally performed without fluoroscopic or ultrasound guidance. Within the documentation available for review, there is no documentation of exam or imaging findings supporting a diagnosis of osteoarthritis of the knee with functional deficits not attributed to other joint pathology. In the absence of such documentation, the currently requested Orthosynvisc injections are not medically necessary.