

<b>Case Number:</b>	CM14-0108084		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49 year old male claimant with an industrial injury dated 08/29/11. MRI of the right knee dated 03/19/14 reveals a prominent tear to root sleeve attachment and posterior horn of medial meniscus extending to body of medial meniscus, small parameniscal cyst abutting anterior horn of medial meniscus, tiny tear to inner margin of body of lateral meniscus, chondromalacia patellae with slight partial lateral tilt and partial lateral subluxation of patella-chronic, trochlear groove shallow, and slight thinning of articular cartilage to medial tibiofemoral compartment with degenerative marrow edema to periphery of medial tibial plateau-chronic. The patient is status post a corticosteroid injection as of April 2014 in which did not provide any benefit. Exam note 06/17/14 states the patient returns with right shoulder and right knee pain. The patient explains he has difficulty going up and down the stairs along with full extension of the knee. Upon physical exam there was no effusion of the right knee. Also there was tenderness to palpation about the patellar tendon, and the quadriceps tendon. Additionally, there was tenderness of the inferior medial and inferior lateral joint lines, and posteromedial joint line. The patient had a positive MrMurray's test. Also there was 5' of hyperextension and 14-' of flexion noted. Diagnosis is noted as right knee degenerative arthritis and right knee medial meniscal tear. Treatment includes a hyaluronic acid injection for the right knee and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc injection times 1 to the right knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** CA MTUS/ACOEM is silent regarding the request for viscosupplementation for the knee. According to the ODG Knee and leg chapter, Hyaluronic acid injection, it is indicated for patients with documented severe osteoarthritis of the knee and patients who have failed 3 months of conservative nonpharmacologic (e.g. exercise) and pharmacologic treatments or are intolerant of these therapies. As there is no documentation of failed conservative therapy and radiographic documentation of severe osteoarthritis in the exam note from 6/17/14, the request is not medically necessary and appropriate.

**Physical Therapy times 18:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks As the requested 18 visits of physical therapy exceed the recommendation, the request is not medically necessary and appropriate.