

<b>Case Number:</b>	CM14-0150949		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	05/03/2004
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Physical Medicine & Rehabilitation 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 61 year old male with a 5/3/04 injury date. The patient had a twisting injury to the right knee. In an 8/28/14 follow-up, the patient complains of right knee pain and pain at night. Objective findings included the absence of swelling, tenderness over the anterior aspect of the knee, and diminished range of motion in flexion. Right knee x-rays on 5/12/14 showed narrowing of the medial and patella-femoral compartments. Diagnostic impression: right knee osteoarthritis. Treatment to date: NSAIDs, prior viscosupplemental injections (2006), physical therapy, topical Voltaren gel, medications, right knee meniscectomy (2006). A UR decision on 9/11/14 denied the request for right knee Synvisc One injection on the basis that there were no radiographic findings consistent with osteoarthritis or documentation of knee range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc One injection to right knee as outpatient:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**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.

**Decision rationale:** CA MTUS does not address this issue. ODG recommends viscosupplementation injections in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non pharmacologic and pharmacologic treatments or is intolerant of these therapies; OR is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; OR a younger patient wanting to delay total knee replacement; AND failure of conservative treatment; AND plain x-ray or arthroscopy findings diagnostic of osteoarthritis. In the present case, a recent knee x-ray was provided which confirmed the presence of arthritic changes in at least 2 compartments. The patient has had significant previous conservative treatment, as well as a knee arthroscopy, which has failed to provide significant benefit. The patient is 61 years old, which is on the young side to be considering knee replacement at this time, thus it would be reasonable to attempt to delay this surgery. There appears to be enough information to support a trial injection of Synvisc One. Any repeat injections would require approximately 6-9 months of documented relief as well as a recurrence of symptoms. Therefore, the request for Synvisc One injection to right knee as outpatient is medically necessary.