

<b>Case Number:</b>	CM13-0017756		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/08/2006
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 Occupational Medicine 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:

The claimant was injured on 11/08/06 when she fell. Viscosupplementation injections are under review. On 07/31/13, she saw [REDACTED] and was diagnosed with right chondromalacia patella. She also had other body parts that were being treated. She complained of her right knee being the most painful with 8-9/10 pain. It was achy and felt twisted and was weak like it would give out. She had sharp stabbing pain for the last week. She had an antalgic gait on the right. There was peripatellar edema and right lateral suprapatellar pouch edema. She had decreased range of motion with crepitus particularly under the patella. She was given medications including ibuprofen and omeprazole. She has seen multiple providers. She has been seeing [REDACTED] since September 2008. She attended physical therapy for a couple of months. She had more than one MRI of the right knee. She stated her right knee hurts primarily with prolonged walking or pivoting. The knee pops and clicks at times but does not catch or lock. It can give way and she has had multiple falls. She was diagnosed with an osteochondral lesion of the lateral femoral condyle of the right knee. Arthroscopy of the right knee with debridement of the joint was included in future medical. On 01/31/13, physical examination of the right knee revealed full range of motion but a subluxed patella. It was subluxed laterally and she had lateral suprapatellar edema and a positive anterior drawer test. She had blocked femoral tibial rotation and exquisite tenderness to both the lateral and the medial posterior menisci. Diagnosis was right knee internal derangement. An MRI of the right knee dated 07/02/13 revealed an increased lateral meniscal signal that could represent a small intrasubstance tear but degenerative etiology was most likely. She had minimal lateral femoral condyle, retropatellar cartilaginous thinning that was stable and there was no present subchondral edema.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A SERIES OF 3 VISCOSUPPLEMENTATION INJECTIONS TO THE RIGHT KNEE:**

Upheld

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

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

**Decision rationale:** The history and documentation do not objectively support the request for viscosupplementation injections x 3 for the right knee. The ODG state Hyaluronic acid injections may be "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. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events." The request for a series of 3 viscosupplementation injections to the right knee is not medically necessary and appropriate.