

<b>Case Number:</b>	CM13-0041463		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/30/2010
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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:

As per medical records reviewed, the claimant is a 41 year old, right hand dominant male employed as a [REDACTED]. The claimant states that on June 30, 2010, he was walking when he slipped on some liquid on the floor. He fell forwards, landing on his right knee. He experienced a popping sensation in his right knee followed by pain. He lay on the floor for several minutes waiting for the pain to subside. He then attempted to stand but was unable to place weight on his right leg. He fell to the ground again, striking his right knee on the floor again. A co-worker then assisted the claimant to his feet. The claimant reported the injury to his manager and was referred for medical care. He initially presented to [REDACTED] on June 30, 2010. He was examined. X-rays of his right knee were obtained. An injection for pain control was administered. Medications, cold packs and a knee immobilizer were dispensed. The patient attended one session of physical therapy however the therapist refused to perform therapies. An MRI of his right knee was then obtained on July 12, 2010. [REDACTED] was then referred out for further care. On July 19, 2010, the patient was examined by [REDACTED]. His previous MRI films were reviewed. Medications, a right knee immobilizer and a TENS unit were dispensed. On July 22, 2010, surgery was performed on the right knee to repair a patellar tendon rupture. X-rays of his right knee were obtained post-operatively. The patient attended physical therapy postoperatively with some benefit. Due to insurance issues, claimant was required to change therapists. He then began to experience increased right knee pain. The patient continues to treat with [REDACTED], last being seen on February 28, 2011.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injections x3 to the left knee:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC-Knee and leg chapter, hyaluronic Acid Injection.

**Decision rationale:** 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. This patient has a diagnosis of chondromalacia patellae, and the guideline stated that there is insufficient evidence of effectiveness for the use of Hyaluronic Acid Injection in these conditions.

**Physical Therapy 3 times a week for the bilateral knees:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OGD Knee and Leg Chapter, Hyaluronic acid injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337 to 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg chapter; Physical Therapy

**Decision rationale:** The medical records submitted for review identified ongoing complaints of impairment of left knee joint function, and the claimant verbalized complaints of continued left knee joint swelling, popping, and cracking with any weight bearing activity. Besides, the claimant has had previous physical therapy sessions and there is no documentation noting exceptional functional deficits that would not be addressed with a home exercise program as recommended by the CA-MTUS guidelines.