

<b>Case Number:</b>	CM13-0047165		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/22/2010
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 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 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:

According to the records made available for review, this is a 35-year-old female with a 7/22/10 date of injury, and right knee arthroscopy with microfracture chondroplasty and partial meniscectomy. At the time of request for authorization for Viscosupplementation, there is documentation of subjective (right knee pain with swelling) and objective (crepitus, tenderness over the right knee, and restricted range of motion) findings, 6/27/13 operative report identifying persistent signs of internal joint derangement, current diagnoses (status post right knee arthroscopy with microfracture chondroplasty, partial medial and lateral meniscectomy, and mild post-meniscectomy osteoarthritis), and treatment to date (physical therapy, chiropractic treatment, acupuncture, brace, and medications). There is no documentation of failure of additional conservative treatment (intraarticular steroid injection).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**series of Viscosupplementation (1 injection per week for 3 weeks): 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 Chapter

**Decision rationale:** The MTUS does not specifically address this issue. The Official Disability Guidelines (ODG) identifies documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; failure of conservative treatment (such as physical therapy, weight loss, non-steroidal anti-inflammatory medication, and intra-articular steroid injection); and plain x-ray or arthroscopy findings diagnostic of osteoarthritis, as criteria necessary to support the medical necessity of Hyalgan Injections. Within the medical information available for review, there is documentation of diagnoses of status post right knee arthroscopy with microfracture chondroplasty, partial medial and lateral meniscectomy, and mild post-meniscectomy osteoarthritis. In addition, there is documentation of symptomatic osteoarthritis; failure of conservative treatment (physical therapy and medications); and arthroscopy findings diagnostic of osteoarthritis. However, there is no documentation of failure of additional conservative treatment (intraarticular steroid injection). Therefore, based on guidelines and a review of the evidence, the request for Viscosupplementation 1 injection per week for 3 weeks is not medically necessary.