

<b>Case Number:</b>	CM13-0048812		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	08/31/2011
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Physical Medicine and 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 54 year-old female sustained an injury on 8/31/11 while employed by [REDACTED]. Request under consideration include Left KNEE Viscoinjections times 5. Diagnoses included chronic bilateral knee pain s/p fall with bilateral patellar chondromalacia/patellofemoral arthrosis. MRI of the right knee on 3/18/13 noted patellar chondromalacia of the medial patella facet with quadriceps tendinopathy; possible radial tear of the lateral meniscus and small popliteal cyst and bone marrow edema. MRI of the left knee without contrast on 5/8/13 noted Mild lateral patellar tilt; no traumatic meniscal tear or cruciate tear; class 4 medial patellar facet chondromalacia and focal areas of chondral fissuring in the central sulcus with extensor mechanism intact as are the medial and lateral retinacula. Conservative care has included physical therapy, NSAIDs, cortisone injections x 2, and Ben Gay. Report of 8/23/13 from the provider noted patient with constant bilateral knee pain; she continues her usual activities with increased pain due to decrease in NSAIDs; the patient denied mechanical symptoms without distal pain radiation or paresthesias. Exam noted antalgic gait; bilateral knees with tenderness to palpation over the medial and lateral joint line and lateral patellar facet; bilateral range of the knees 0 to 130 degrees; positive patellofemoral compression bilaterally; positive patellar crepitus; negative meniscal profile. The request for Left Knee Viscoinjections was non-certified on 10/18/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT KNEE VISCOINJECTIONS x5:** 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

**Decision rationale:** ODG states that larger, higher quality trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, 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). Submitted reports have not demonstrated clear supportive findings of severe osteoarthritis for the injection request. The Left Knee Viscoinjections times 5 is not medically necessary and appropriate.