

<b>Case Number:</b>	CM13-0057770		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/14/2009
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Texas. 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:

The patient is a 37-year-old female who reported an injury on 01/14/2009 due to a trip and fall that reportedly caused injury to the patient's neck, bilateral shoulders, and right knee. The patient had persistent knee complaints that were addressed with conservative treatments to include a Toradol injection, knee brace, physical therapy, and cognitive behavioral therapy. The patient's most recent clinical documentation noted the patient had diffuse tenderness and pain with extension of the right knee and diffuse tenderness and decreased painful range of motion of the left shoulder. The patient's diagnosis included adhesive capsulitis of the shoulder and chronic pain syndrome. The patient's treatment plan included a viscosupplementation injection series to the right knee, continued cognitive behavioral therapy, and continued medication usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A series of three viscosupplemental injections to the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Orthovisc

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, Hyaluronic Acid Injections

**Decision rationale:** The requested right knee viscosupplemental injections are not medically necessary or appropriate. Official Disability Guidelines recommend hyaluronic acid injections for patients with documentation of severe osteoarthritis of the knees and when surgery is being avoided by physiologically younger patients. The clinical documentation submitted for review does provide evidence that the patient have persistent knee complaints recalcitrant to conservative treatments. The clinical documentation fails to provide quantitative objective evidence to support the diagnosis of severe osteoarthritis. Additionally, there was no imaging study submitted with the documentation to support the diagnosis of severe osteoarthritis. As such, the requested right knee viscosupplementation injections are not medically necessary or appropriate.