

<b>Case Number:</b>	CM13-0068064		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/15/2010
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 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 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 clinical note dated 12/19/2013 reported the patient complained of increased pain to his right knee. The clinical note stated that the patient had good relief for 2 years from previous injection. The clinical note stated that the patient has had changes on x-ray at surgery and on new MRI to the right knee. The patient's last injection was in 2011, this was his only injection of viscosupplementation. The documentation provided did not include any therapy for the right knee, surgeries, and medications. MRI of the left knee dated 01/09/2012 noted an impression of: (1) a radial tear involving the posterior horn adjacent to with involvement of the posterior root of the medial meniscus. A small portion of the meniscus is displaced slightly into the intercondylar notch. This results in only minimal peripheral subluxation of the meniscus. (2) The MRI of the left knee otherwise shows no evidence for an internal derangement. (3) There are micro metallic artifacts secondary to metallic densities on the skin overlying the anterior aspect of the knee area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Viscosupplementation injections to right knee, QTY 5: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKesson Interqual Clinical Evidence Summary, Osteoarthritis, knee, pg. 3.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Hyaluronic acid injections.

**Decision rationale:** California MTUS/ACOEM does not address the question. The Official Disability Guidelines recommend injections as a possible option for severe osteoarthritis for patients who do not respond adequately to the recommended conservative treatments such as exercise, NSAIDs or acetaminophen, to potential delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. While osteoarthritis of the knee is recommended, there is insufficient evidence for other conditions including patellofemoral arthritis, osteochondritis dissecans, or patellofemoral syndrome. The documentation provided did not provide any documentation covering conservative care any previous injections, any medications, objective findings, or significant subjective findings. Therefore, the request is non-certified.