

<b>Case Number:</b>	CM14-0008351		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	05/27/2010
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, 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:

The patient is a 62-year-old male who has submitted a claim for left knee joint pain associated with an industrial injury date of May 27, 2010. Medical records from 2013-2014 were reviewed. The patient complained of persistent left knee pain. There is associated clicking and popping sensation. The patient was able to extend the knee to level plane and flex to 120 degrees without difficulty. Physical examination of the left knee revealed difficulty with range of motion, with pain on flexion beyond 110 degrees and is mostly anterior in the knee. The patellofemoral compartment has crepitus along the joint lines. There was pain with tibiofemoral rotation. Motor and sensation was intact. Imaging studies were not made available. Treatment to date has included medications, home exercise program, activity modification, left knee arthroscopy, and viscosupplementation to the left knee. Utilization review, dated January 7, 2013, denied the request for Viscosupplementation injection, 3-5 injections of the left knee because the records did not include objective documentation of the patient's clinical and functional response from the previous knee injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VISCOSUPPLEMENTATION INJECTION, 3-5 INJECTIONS LEFT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, ONLINE EDITION, CHAPTER KNEE AND LEG.

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

**Decision rationale:** The California MTUS does not specifically address this topic. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee and Leg Chapter, Hyaluronic acid injection was used instead. The Official Disability Guidelines indicate that viscosupplementation injections are recommended in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; or is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; failure of conservative treatment; and plain x-ray or arthroscopy findings diagnostic of osteoarthritis. Furthermore, repeat series of injections may be reasonable if there is relief for 6-9 months. In this case, a previous viscosupplementation was done October 4, 2012 which provided relief. However, the duration of the response was not mentioned. The guidelines recommend repeat injections when there is significant improvement of symptoms for at least 6 months. A progress report dated December 19, 2013 states that the employee is unable to take oral medications because of his concomitant liver disease. Although there is intolerance of pharmacologic treatment, there was no mention regarding failure of non-pharmacologic conservative treatment. In addition, there was no discussion on failure of previous knee surgeries or the need for a total knee replacement in the future. The guideline criteria have not been met. Therefore, the request for Viscosupplementation Injection, 3-5 Injections Left Knee is not medically necessary.