

<b>Case Number:</b>	CM14-0014467		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	06/24/2010
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 Occupational Medicine 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:

The patient is a 45-year-old male who has submitted a claim for lateral meniscal knee tear, chondromalacia patellae, and medial meniscal knee tear associated with an industrial injury date of June 24, 2010. Medical records from 2013-2014 were reviewed. The patient complained of bilateral knee pain, more on the left. The pain was rated 6-7/10. Weight bearing activities increase overall discomfort. The left knee was feeling heaving and has occasional popping. Physical examination of the right knee showed mild medial and lateral joint line tenderness. There was mild cool effusion. Range of motion was 0 to 115 degrees. Left knee was tender along the lateral joint line. Mild cool effusion was also noted. Range of motion was 0 to 110 degrees. Motor strength and sensation was intact. Magnetic resonance imaging (MRI) of the left knee showed lateral meniscal tearing with some patellofemoral chondromalacia and some synovial fluid. Official report of the imaging study was not available. Treatment to date has included medications, physical therapy, home exercise program, activity modification, and arthroscopic medial and lateral meniscectomy and patellar chondroplasty. Utilization review, dated January 17, 2014, denied the request for viscosupplementation to the bilateral knee because there was no indication that the claimant has not responded adequately to standard treatments or are intolerant of these therapies, and there was no indication that patient was not a candidate for total knee replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VISCOSUPPLEMENTAL TO THE BILATERAL 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 and Leg Chapter, Hyaluronic acid injection.

**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 injection.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per 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. Official Disability Guidelines state that viscosupplementation injections are recommended in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic 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; or a younger patient wanting to delay total knee replacement; and 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, the patient continues to experience bilateral knee pain. A supplemental report, dated February 13, 2014, states that the patient failed corticosteroid injections, physical therapy, and NSAIDs. The patient was also not a candidate for total knee replacement. Previous viscosupplementation were done on the right knee, which the patient stated were helpful. 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. In addition, it was not mentioned if his knee pain was due to osteoarthritis. There was also no discussion regarding failure of the previous knee surgery done on October 2013. The guideline criteria have not been met. Therefore, the request for viscosupplementation to the bilateral knee is not medically necessary.