

<b>Case Number:</b>	CM14-0017876		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	09/27/2010
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 45 year old female with an injury reported on 09/27/2010. The worker was injured during an agility test. As per the orthopedic note dated 12/10/2013, the injured worker complained of bilateral knee pain (left greater than right) described as sharp, achy, throbbing and rated 7/10 in intensity. Pain was described at rest and worse with activities. Per the clinical noted dated 10/02/2013, the injured worker's diagnoses included left knee sprain with chondromalacia of the lateral tibial plateau with subchondral cyst formation, right knee sprain/patellofemoral arthralgia, and a lumbar spine myofascial sprain with protrusion at L4-L5 and protrusion/extrusion over right S1 nerve root. The request for authorization was submitted on 02/06/2014. The request is for a viscosupplemental injection to the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **VISCOSUPPLEMENTATION INJECTION LEFT KNEE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg Hyaluronic Acid Injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

**Decision rationale:** The Official Disability Guidelines (ODG) recommend Hyaluronic acid injections for injured workers with significant symptomatic osteoarthritis which has not responded adequately to recommended conservative nonpharmacologic (exercise) and pharmacologic treatments after at least 3 months. The ODG indicate injured workers should have pain which interferes with functional activities (ambulation, prolonged standing) and is not attributed to other forms of joint disease. Additionally, injured workers should also have a failure to adequately respond to aspiration and injection of intra-articular steroids. The injured worker was a candidate for left total knee replacement and per the ODG, the injections are not recommended for current candidates for total knee replacement. The medical records provided for review indicate that the injured worker had a synvisc injection in early 2012 with no significant improvement, and no evidence of aspiration or steroid injections to the left knee. Therefore, the request for a viscosupplementation injection to the left knee is not medically necessary and appropriate.