

<b>Case Number:</b>	CM14-0023894		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	11/18/2009
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 and Rehabilitation 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 injured worker is a 52-year-old male with a reported date of injury on 11/18/2009. The injury reportedly occurred when the injured worker was walking down the stairs. His diagnoses were noted to include lumbar spine strain/sprain, lumbar radiculopathy, iliotibial band tendinitis, tricompartmental osteoarthritis, and chronic patellar enthesopathy. His previous treatments were noted to include physical therapy, acupuncture, lumbar epidural injections, and medications. An MRI to the right knee dated 01/17/2014 reported tricompartmental osteoarthritis, mild degeneration of the medial meniscus, semimembranosus cystic tendinosis, and mild chronic patellar enthesopathy. The progress note dated 01/29/2014 revealed the injured worker complained of diffuse right knee pain both medially and into the patellofemoral joint. On his left knee, he stated he had some slight residual medial left sided knee pain. The physical examination of the right knee noted his range of motion was 0 to 130 degrees. There was medial joint line tenderness and patellofemoral joint tenderness. The MRI of the right knee revealed tricompartmental osteoarthritis. The request for authorization form dated 01/28/2014 is for a right knee visco injection, once a week for 5 weeks for a total of 5 injections due to tricompartmental osteoarthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT KNEE VISCO INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**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, Hyaluronic Acid Injections.

**Decision rationale:** The injured worker has a confirmed diagnosis of tricompartmental osteoarthritis. The Official Disability Guidelines recommend hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, nonsteroidal anti-inflammatory drugs (NSAIDs), or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. The Guidelines also state while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. The Guideline criteria for hyaluronic acid injections are for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatments or are intolerant of these therapies, after at least 3 months. The Guideline criteria also include documented symptomatic severe osteoarthritis of the knee, which may include: bony enlargement; bony tenderness; crepitus on active motion; less than 30 minutes of morning stiffness; no palpable warmth of synovium; and over 50 years of age. The criteria includes pain interfering with functional activities and not attributed to other forms of joint disease; and failure to adequately respond to aspiration and injection of intra-articular steroids. There is a lack of documentation regarding failure of conservative treatment to the right knee, and the injured worker's previous treatments of acupuncture were noted to the left knee. There is a lack of documented symptomatic severe osteoarthritis of the knee including bony enlargement, bony tenderness, crepitus, and warmth over the synovium. Therefore, due to the lack of documentation regarding clinical findings of severe osteoarthritis and the lack of documentation regarding failure of conservative treatment to the right knee, the request is not medically necessary.