

<b>Case Number:</b>	CM14-0038678		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 & Rehab, has a subspecialty in Pain Medicine & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury on 04/23/13 when she fell, striking her right knee. On 05/17/13 a right knee intra-articular injection with Depo-Medrol and Marcaine was performed which provided five days of improvement. On 05/30/13 pain was rated at 7/10. Physical examination findings included decreased range of motion with guarding and severe diffuse tenderness as well as medial and lateral joint line tenderness. MRI results were reviewed. Recommendations included physical therapy, anti-inflammatory medication, and a knee brace. An MRI of the right knee on 05/20/13 showed findings of a small joint effusion and high grade medial patellar chondral fissure. Treatments included physical therapy without improvement and she underwent a right knee arthroscopy with lateral meniscectomy and chondroplasty on 10/09/13. At the time of surgery she was taking only Vicodin as needed for pain. She had physical therapy after surgery and from 11/05/13 to 02/05/14 she attended 19 treatments including an independent home exercise program. At discharge, she continued to have right knee pain. On 03/24/14 she was 5 months status post arthroscopy. She was continuing to struggle with severe pain. There had been episodes of her knee giving way, cracking, and intermittently locking. Physical examination findings were limited due to guarding. There was mild swelling. There was joint line and patellar tenderness. Range of motion was decreased and painful. She was continued at light duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RT KNEE HYALURONIC ACID 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 & Leg (Acute & Chronic) , Hyaluronic acid injections.

**Decision rationale:** The claimant is approximately 10 months status post right knee arthroscopy with medial meniscectomy and patellar chondroplasty after a knee injury due to direct trauma. She has imaging findings consistent with patellar cartilage degeneration. Treatments have also included physical therapy, a knee brace, and one intra-articular steroid injection prior to surgery. A hyaluronic acid injection is recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments including exercise and nonsteroidal antiinflammatory medications or acetaminophen. There is insufficient evidence for other conditions, including patellofemoral arthritis or chondromalacia. In this case, other than for Vicodin being taken at the time of her surgery, no other medications are documented. There is no evidence that the claimant has tried and failed an appropriate trial of any nonsteroidal antiinflammatory medication or trial of acetaminophen.