

<b>Case Number:</b>	CM14-0047642		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	11/25/2008
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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:

Injured worker is a male with date of injury 11/25/2008. Per primary treating physician's comprehensive orthopedic evaluation and request for authorization dated 2/18/2014, the injured worker complains of left lower extremity pain. The left entire leg pain is 7/10 described as achy. The left knee in particular is 7/10, described as sharp, achy and constant. Left foot pain is 7/10 described as sharp and constant. On exam, left knee flexion is 90/130 degrees, extension is 0/0 degrees and there are a lot of surgical scars. He has negative Valgus and negative Varus stress tests. There is no palpable Baker's cyst. Generally it is noted that both medial and lateral joint spaces are painful to palpation. Left foot has full range of motion with generalized tenderness. There is no erythema, edema or bony deformity. Diagnoses include 1) degenerative joint disease of the left knee 2) plantar fasciitis of the left foot 3) status post ORIF of the left tibial fracture 4) status post left knee manipulation under general anesthesia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 series of 3 Viscosupplementation for the left knee:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons (AAOS) clinical practice guideline for knee osteoarthritis (OA)2013.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Knee chapter, Hyaluronic acid injections section.

**Decision rationale:** The injured worker's orthopedic surgeon that operated on his knee recommends repeat Euflexxa injection, as his last injection was over two years ago. The injured worker responded relatively well to the treatment. The MTUS Guidelines do not address viscosupplementation. The ODG recommends hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments or to potentially delay total knee replacement. Repeat injection may be reasonable if documented significant improvement in symptoms for 6 months or more, and symptoms recur. The injured worker's symptoms, diagnosis and history of improvement in symptoms do support the use of a repeat hyaluronic acid injection. The orthopedic surgeon also reports that the goal of this treatment include delaying a total knee replacement. There is no strong evidence that a series of 3 viscosupplementation will provide significant results, but with the cost of a total knee replacement it is considered a reasonable treatment when the injured worker reports favorable results for over 6 months from the previous treatment. The request for 1 series of 3 viscosupplementation for the left knee is determined to be medically necessary.