

<b>Case Number:</b>	CM14-0056901		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/08/2011
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 43-year-old male who has submitted a claim for meniscal tear of the left knee associated with an industrial injury date of 08/08/2011. Medical records from May 2013 to March 2014 were reviewed and showed that patient complained of ongoing left knee pain. Patient claims that his knee pops and swells and pain is increased by kneeling, squatting, and going up and down the stairs. Physical examination showed tenderness along the medial and posterior aspect of the left knee related to the posterior horn of the medial meniscus. Grinding of patella over distal end of femur caused pain. Movements of the left knee appeared to be relatively within normal limits and compared to the opposite side is symmetrical. Treatment to date has included NSAIDs, Physical Therapy and Surgery. Utilization review dated 04/01/2014, denied the request for One Hyaluronic Acid Injection because there was no documentation that indicates the patient had symptomatic severe osteoarthritis of the knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Hyaluronic Acid Injection.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (updated 03/31/2014), 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) Knee and Leg Chapter, Hyaluronic acid injections.

**Decision rationale:** CA MTUS does not specifically address Viscosupplementation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that Hyaluronic Acid Injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments, such as Exercise, NSAIDs or Acetaminophen. Patient has not met the ACR criteria for severe osteoarthritis. Patient presents only with documented knee pain, but without other signs and symptoms present. In this case, patient had arthroscopic surgery of the left knee dated 2/9/2012 and 8/19/2012. Patient complains of ongoing pain in the left knee despite use of NSAIDs. Patient also reports no pain relief or gains in range of motion after sessions of Physical Therapy. However, the above criteria are for patients diagnosed with severe osteoarthritis. There was no imaging to show arthroscopic evidence of advanced osteoarthritis in the medial and/or lateral compartments of the left knee. Therefore, the request for One Hyaluronic Acid Injection is not medically necessary.