

<b>Case Number:</b>	CM14-0086555		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/03/2008
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Orthopedic Surgeon 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 54-year-old female who reported an injury on 03/03/2008 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to multiple body parts to include the bilateral knees. The injured worker had a treatment history to include epidural steroid injections at the spine and viscosupplementation injections in the left knee. It was noted that the injured worker was participating in a weight loss program in anticipation of total knee arthroplasty of the left knee. The injured worker was evaluated on 04/17/2014. Physical findings included a positive Tinel's to progression over the peroneal nerve distal to the knee joint. The injured worker's diagnoses included cervical discopathy, lumbar spine radiculopathy, status post right knee ACL reconstruction, and left knee torn meniscus/internal derangement. A request was made for a viscosupplementation to be repeated on the left knee to allow for pain control while the injured worker participated in a weight loss program in anticipation of surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viscosupplementation to be repeated on the Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons (AAOS) Treatment of Osteoarthritis of the Knee, Evidence-Based Guideline, 2nd Edition, Adopted by Recommendation 9.

**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:** The requested viscosupplementation to be repeated on the left knee is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this type of injection. Official Disability Guidelines recommend repeat viscosupplementation injections when there is documented functional improvement and pain relief resulting from the previous injections. The clinical documentation does indicate that the injured worker had pain relief for approximately 8 months. However, there was no documentation of functional benefit resulting from the prior injections. Therefore, additional injections would not be supported by Guideline recommendations. As such, the requested viscosupplementation to be repeated on the left knee is not medically necessary or appropriate.