

<b>Case Number:</b>	CM14-0138486		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/16/2012
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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, 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 patient is a 68 year old female with date of injury 3/16/11, sustained while working as a certified nurse assistant. The treating physician report dated 7/15/14 indicates that the patient presents with pain affecting the right knee. The patient describes the pain as burning and throbbing. The physician notes that the patient's symptoms are aggravated by her longer walking in cold weather. The physical examination findings reveal the right knee range of motion is 0-130 degrees. Further examination reveals positive patellofemoral crepitus, positive medial joint line tenderness, positive peripatellar tenderness and trace effusion. Prior treatment history includes prescribed medications, MRI of the right knee, right knee arthroscopy (11/5/13) and physical therapy. The current diagnoses are: 1. Right medial and lateral meniscal tears. 2. Status post right knee arthroscopy with partial medial and lateral meniscectomy. 3. Degenerative joint disease right knee. The utilization review report dated 8/20/14 denied the request for Viscosupplementation injections x 5 under ultrasound based on a lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viscosupplementation injections x 5 under ultrasound:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); ([www.odg-twc.com](http://www.odg-twc.com) knee and joint chapter updated 6/5/14), 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) ODG, Knee/Leg, Hyaluronic acid injections.

**Decision rationale:** The patient presents with pain affecting the right knee. The current request is for Viscosupplementation injections x 5 under ultrasound. The requesting treating physician report dated 7/15/14 does not discuss the reasoning behind the current request for a Visco supplementation injection. The QME report dated 7/10/14 (39) states that the patient would be entitled to bi-annual Visco supplementation injections if needed for ongoing persistent symptomatology. MTUS is silent on Orthovisc injections. ODG Knee & Leg (Acute & Chronic) guidelines state Hyaluronic acid injections are, "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best." The ODG guidelines go into further detail for the criteria of Hyaluronic acid injections. The reports provided do not show evidence that the patient has received any previous Orthovisc injections. In this case, the treating physician has documented that the patient has degenerative joint disease of the right knee, crepitus, tenderness and effusion. There is no documentation of failure to improve with exercise or medications. There is no documentation that the pain interferes with functional activities and there is no discussion regarding failure to respond to aspiration and injection of intra-articular steroids as required by the ODG guidelines. The current request is not medically necessary.