

<b>Case Number:</b>	CM15-0003145		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	12/17/2008
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 66 year old male, who sustained an industrial injury on 12/17/2008. The current diagnoses are tricompartmental osteoarthritis of the bilateral knees, worse in the medial compartments and medial and lateral meniscus tears. Currently, the injured worker complains of bilateral knee pain, 4/10 on a subjective pain scale. Additionally, he reports very specific sharp, intermittent pain over the medial aspect of the right knee. Current medications are Tramadol. The injured worker underwent a series of viscosupplementation injections July 2014. He reports significant improvement of symptomology. The treating physician is requesting 5 Viscosupplementation injections to the right knee, which is now under review. On 12/16/2014, Utilization Review had non-certified a request for 5 Viscosupplementation injections to the right knee. The injections were non-certified based on the recommended guidelines. The guidelines support repeat injections if there is documented significant improvement in symptoms for 6 months or more, a six-month interval as not yet lapsed. The Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**5 Viscosupplementation Injections to the Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG-TWC

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Pain Chapter Knee and Leg Hyaluronic acid injections

**Decision rationale:** The CA MTUS did not address viscosupplementation injections for the treatment of chronic knee arthritis. The ODG guidelines recommend that a series of 3 injections can be utilized for the treatment of severe knee arthritic pain in patients older than 50 years of age when conservative treatments with medications, steroid injections and PT have failed. The injections can be repeated if there is documentation of significant pain relief, reduction in medication utilization and functional restoration for at least 6 months duration. The records indicate that the patient had a series of injection in July 2014. The records did not show the required documentation of functional restoration for 6 months. The guidelines did not recommend more than 3 injections in a series. The criteria for 5 viscosupplementation injections to right knee was not met.