

<b>Case Number:</b>	CM15-0130028		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	05/09/2014
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 51 year old male who sustained an industrial injury on 5/9/14. The injured worker was diagnosed as having left knee medial meniscal tear status post left knee partial medial meniscectomy, left knee chondromalacia (grade 3), and left knee degenerative joint disease involving medial femoral condyle and femoral trochlea. Previous diagnostic studies included a magnetic resonance imaging. Previous treatments included surgery (status post left knee partial medial meniscectomy), medication, physical therapy, and knee brace. The provider's progress note dated 7/2/15, reported the injured worker continued to complain of left knee discomfort with pain level noted as 7/10 and with morning stiffness. The pain was worse with activity (especially walking up/down stairs) and better with medications, rest and ice. Work status was modified duties with no squatting kneeling or prolonged weight bearing. Physical examination documented left knee medial joint line tenderness, motion 5-120 degrees flexion and effusion was present. The plan of care was for viscosupplementation, series of 5, right knee, under ultrasound guidance in order to avoid total knee replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viscosupplementation, series of 5, right knee, under ultrasound guidance: 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 & leg.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-341, 346-52. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons Clinical Practice Guideline: Treatment of Osteoarthritis of the Knee, 2nd edition.

**Decision rationale:** Viscosupplementation is a procedure in which hyaluronic acid is injected into the knee joint. Hyaluronic acid is a naturally occurring substance found in synovial (joint) fluid. The concept for its use is that since it acts as a lubricant for the knee joint, injecting more of it into the joint should enable smoother motion of the joint and improve the shock absorber effect for joint loads thus decreasing the patient's pain. The MTUS does not comment specifically on viscosupplementation, however, the American Academy of Orthopedic Surgeons reviewed the literature on this procedure and noted no statistically significant improvement with this therapy. They gave a strong recommendation against using hyaluronic acid for patients with symptomatic osteoarthritis of the knee. As there is no scientific evidence or clinical practice guideline support for this procedure, medical necessity to use viscosupplementation has not been established.