

<b>Case Number:</b>	CM15-0132902		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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, North Carolina  
Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 42 year old man sustained an industrial injury on 9/20/2013. The mechanism of injury is not detailed. Diagnoses include status post right knee surgery and right knee pain. Treatment has included oral medications and surgical intervention. Physician notes dated 6/10/2015 show complaints of right knee pain rated 6/10. Recommendations include viscosupplementation injection to the right knee, Ibuprofen, and follow up in six weeks with Spanish interpreter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicosupplementation injections to the right knee (in series) x 5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee and leg (acute and chronic): Hyaluronic acid injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): viscosupplementation section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg, hyaluronic acid injections (2015).

**Decision rationale:** ACOEM Guidelines state that intra-articular injections of hyaluronic acid are recommended in the treatment of moderate to severe osteoarthritis. The ODG states that these injections are an option in severe osteoarthritis cases, which have not responded to conservative measures (exercise, NSAIDs, Acetamenophen) after at least 3 months. There is a lack of documentation of response to conservative therapy. In this case, the patient has good range of motion of the right knee with moderate joint line tenderness, findings not consistent with severe osteoarthritis. In addition, x-rays of the knee in 2013 showed only some mild degenerative changes. Therefore, this patient does not meet the criteria for viscosupplementation & the request is not medically necessary.