

<b>Case Number:</b>	CM15-0139469		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	07/07/2014
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 is a 38 year old male with a July 7, 2014 date of injury. A progress note dated June 9, 2015 documents subjective complaints (increased left knee pain with stiffness and difficulty walking), objective findings (tenderness to palpation of the left knee; medial joint line tenderness; mild effusion of the left knee), and current diagnoses (other unspecified derangement of the medial meniscus). Treatments to date have included left knee medial meniscectomy with chondroplasty, physical therapy, imaging studies, and medications. The treating physician documented a plan of care that included viscosupplementation of the left knee due to findings consistent with mild osteoarthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viscosupplementation injections, left knee, series of 5 injections, once a week for 5 weeks:**

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 & Leg Chapter, Hyaluronic acid injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 339.

**Decision rationale:** This 38 year old male has complained of left knee pain since date of injury 4/7/14. He has been treated with surgery, physical therapy and medications. The current request is for viscosupplementation injections, left knee, series of 5 injections, once a week for 5 weeks. Per the MTUS guideline cited above, viscosupplementation injections for knee pain are not a recommended pharmaceutical or procedural intervention. On the basis of the MTUS guideline cited above, the request for viscosupplementation injections, left knee, series of 5 injections, once a week for 5 weeks is not medically necessary.