MAXIMUS Federal Services

| Case Number: | CM15-0207597 | | |
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| Date Assigned: | 10/26/2015 | Date of Injury: | 03/09/2011 |
| Decision Date: | 12/14/2015 | UR Denial Date: | 09/29/2015 |
| Priority: | Standard | Application Received: | 10/22/2015 |

## 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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

## 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 49 year old female, who sustained an industrial injury on 3-9-11. Medical records indicate that the injured worker is undergoing treatment for multilevel degenerative disc disease, lumbar disc protrusion, bilateral shoulder pain, headaches and status-post left knee arthroscopy. The injured workers current work status was not indicated. On (9-11-15) the injured worker complained of cervical, thoracic and lumbar spine pain. The injured worker also noted bilateral knee, bilateral shoulder and bilateral elbow pain resulting in bilateral carpal tunnel syndrome. The pain was rated 4-5 out of 10 on the visual analog scale. Examination of the left knee revealed tenderness to palpation over the medial and lateral tibiofemoral joint space. Range of motion revealed active extension to be 0 degrees and flexion to be 100 degrees. No laxity was noted. Anterior and posterior drawer tests were negative. A McMurray's test provided pain over the medial and lateral tibiofemoral joint space. Mild crepitus was observed upon palpation and during passive flexion and extension. The injured worker did not have prior viscosupplementation injections to the left knee. Treatment and evaluation to date has included medications, MRI of the lumbar spine, corticosteroid injections, physical therapy and left knee arthroscopic surgeries. A current medications list was not provided. The Request for Authorization dated 9-11-15 was for one viscosupplementation injection to the left knee as an outpatient. The Utilization Review documentation dated 9-29-15 non-certified the request for one viscosupplementation injection to the left knee as an outpatient.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Viscosupplementation injection to the left knee:** Overturned

**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 (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, Hyaluronic Acid Injections.

**Decision rationale:** The patient presents with cervical spine, thoracic spine, lumbar spine, bilateral knees, bilateral shoulder and bilateral elbow pain. The current request is for 1 Viscosupplementation injection to the left knee. The treating physician's report dated 09/11/2015 (33B) states, "The patient did have a supplement report generated to her from [redacted] her orthopedic QME in February of 2015. He did note in the future, should this patient have an exacerbation or flare-ups of her condition, she may receive intra-articular injections of corticosteroid, or hyaluronic acid injections. She states that she has undergone corticosteroid injections which provided some relief; however, there was not significant improvement in her conditions. She has never undergone viscosupplementation." The patient has a diagnosis of chronic left knee degenerative joint disease along with patellofemoral joint chondromalacia. The MTUS and ACOEM Guidelines do not address this request. However, the ODG guidelines under the knee chapter on hyaluronic acid injections states, "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." Medical records do not show any previous Hyaluronic or Viscosupplementation injection to the left knee. However, previous corticosteroid injection provided some relief to the patient. In this case, a trial of Viscosupplementation injection is appropriate given the patient's current diagnosis. The current request is medically necessary.