

<b>Case Number:</b>	CM15-0023062		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	11/17/2012
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Emergency 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 50 year old male, who sustained an industrial injury on 1/17/12. He has reported left knee injury. The diagnoses have included left grade 3 chondromalacia medial femoral condyle, possible re-tear of medial meniscus and status post partial medial meniscectomy. Treatment to date has included partial meniscectomy and oral medications. (CT) computerized tomography guided left knee Arthrogram performed on 8/29/14 revealed no fracture or destructive lesion. Currently, the injured worker complains of left knee pain. Physical exam on 12/19/14 revealed tenderness of left knee greatest at medial aspect with crepitance with range of motion. On 2/2/15 Utilization Review non-certified a series of 3 Vicosupplementation of left knee, noting it is not medically necessary, recommended as an option for osteoarthritis. The ODG was cited. The injured worker submitted an application for IMR for review of series of 3 Vicosupplementation of left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series Of 3 Vicosupplementation Left Knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Acute & Chronic, Hyaluronic acid injections

**Decision rationale:** The requested Series Of 3 Viscosupplementation Left Knee, is not medically necessary. CA MTUS is silent and ODG, Knee & Leg, Acute & Chronic, Hyaluronic acid injections, note that it is recommended as an option for osteoarthritis, in patients who have had conservative treatment for osteoarthritis, who have had surgical arthroscopic debridement; but are not recommended for chondromalacia patellae, patellar femoral arthritis/syndrome. The injured worker has left knee pain. The treating physician has documented grade 3 chondromalacia medial femoral condyle, possible re-tear of medial meniscus and status post partial medial meniscectomy. The treating physician has not provided diagnostic evidence of significant osteoarthritis. The criteria noted above not having been met, Series Of 3 Viscosupplementation Left Knee is not medically necessary.