

<b>Case Number:</b>	CM15-0240802		
<b>Date Assigned:</b>	12/17/2015	<b>Date of Injury:</b>	08/17/2012
<b>Decision Date:</b>	01/29/2016	<b>UR Denial Date:</b>	11/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2015

### 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: New York, West Virginia, Pennsylvania  
 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 44 year old male who sustained an industrial injury on 08-17-2012. A review of the medical records indicated that the injured worker is undergoing treatment for bilateral patellofemoral joint arthritis, left knee Grade III chondromalacia of the patella and anterior femoral condyle. The injured worker is status post left knee arthroscopy with partial medial and lateral meniscectomy, tricompartmental synovectomy, chondroplasty of the patella and medial femoral conduit on 04-20-2015 and right knee surgery in 2009. According to the treating physician's progress report on 11-04-2015, the injured worker continues to experience bilateral knee pain. The injured worker ambulates with an observable limp and uses a cane. Examination of the left knee demonstrated tenderness over the medial joint line and patella with mild inflammation and sub-patellar crepitus noted. Flexion was documented at 120 degrees and extension at 0 degrees with McMurray's sign producing pain. The injured worker was able to squat approximately 40%. Prior treatments have included diagnostic testing, surgery, physical therapy, home exercise program and medications. Current medication included Norco. Treatment plan consists of decreasing Norco and the current request for left knee viscosupplementation. On 11-12-2015 the Utilization Review determined the request for left knee viscosupplementation was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee viscosupplementation: 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hyaluronic Acid.

**Decision rationale:** Guidelines recommend viscosupplementation injections as a possible option for severe osteoarthritis for patients who have not responded to conservative treatments to potentially delay total knee replacement. There was no documentation of failure of conservative treatment to the knees or failure to respond to aspiration and injection of steroids. The patient was a candidate for total knee replacement. The request for left knee viscosupplementation injection is not medically appropriate and necessary.