

<b>Case Number:</b>	CM14-0176870		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	02/11/2013
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 51 year old male sustained an industrial injury on 2/11/13. He subsequently reported knee pain. Diagnoses include right knee sprain/ strain, right chondromalacia patella, right knee chondromalacia and right medial meniscal tear. Treatments to date include MRI and x-ray testing bracing, activity modification and prescription pain medications. The injured worker continues to experience bilateral knee and low back pain. Upon examination, antalgic gait was noted. Tenderness was noted at the medial joint line and peripatellar tenderness noted mostly laterally. There was painful range of motion noted. Apley's compression test, Clarke's sign and patellofemoral compression test were positive. A request for Viscoelastic supplementation injection left knee 1 x 3 weeks (quantity 3) was made by the treating physician. Notes indicate that the patient has undergone numerous Visco supplementation injections in the left knee previously.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viscoelastic supplementation injection left knee 1 x 3 weeks (quantity 3): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (updated 10/07/14).

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

**Decision rationale:** Regarding the request for repeat Viscoelastic supplementation injection left knee 1 x 3 weeks (quantity 3), California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Guidelines go on to state that the injections are generally performed without fluoroscopic or ultrasound guidance. ODG states that if there is significant improvement in symptoms for 6 months or more, and symptoms recur, it may be reasonable to do another series. Within the documentation available for review, there is documentation of previous hyaluronic acid injections. However, there is no documentation of significant improvement in symptoms and function for 6 months or more after the previous injections. Additionally, there is no documentation of failure of conservative management including aspiration and injection of intra-articular steroids. In the absence of such documentation, the currently requested repeat Viscoelastic supplementation injection left knee 1 x 3 weeks (quantity 3) are not medically necessary.