

<b>Case Number:</b>	CM15-0101712		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	05/24/2014
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: 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:

The injured worker is a 52 year old female, who sustained an industrial injury on 05/24/2014. She has reported injury to the right knee. The diagnoses have included right knee grade IV chondromalacia, entire medial femoral condyle; right knee grade III chondromalacia, femoral trochlea; and status post arthroscopic surgery, right knee, medial meniscal tear, on 10/24/2014. Treatment to date has included medications, diagnostics, physical therapy, home exercise program, and surgical intervention. Medications have included Ibuprofen and Flexeril. A progress note from the treating physician, dated 04/27/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right knee pain with prolonged walking, standing, and climbing stairs; and she notes occasional catching, locking, and mild swelling. Objective findings included increased varus and decreased valgus of the right knee; 1+effusion; positive tenderness; decreased range of motion; and noted to have bare bone in the medial compartment of the right knee, as well as significant loss of cartilage in the patellofemoral joint with arthritis. The treatment plan has included the request for viscosupplementation injection, series of five under ultrasound to the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viscosupplementation injection, series of five under ultrasound to the right 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, Knee and leg Chapter, 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) Knee Chapter, Hyaluronic acid injections.

**Decision rationale:** Regarding the request for Vicosupplementation x 5 with ultrasound, 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. Within the documentation available for review, there is no indication why ultrasound guidance would be required for this particular patient. 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 Viscosupplementation injection x 5 with ultrasound is not medically necessary.