

<b>Case Number:</b>	CM15-0011520		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	03/11/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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

### 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 65 year old female, who sustained an industrial injury on March 11, 2014. The injured worker underwent a left knee medical meniscectomy, chondroplasty of the medial femoral condyle, and synovectomy of the medial patellofemoral compartment on September 15, 2014. Treatment to date has included postsurgical physical therapy, and non-steroidal anti-inflammatory medications. On January 6, 2015, the treating physician noted the injured worker had persistent left knee pain, with difficulty bending, squatting, and climbing stairs. Her gait was antalgic. The physical exam revealed tenderness of the medial joint line with mild effusion. The diagnosis was symptomatic left knee chondral wear. She remained symptomatic despite physical therapy and non-steroidal anti-inflammatory medications. The treatment plan was for viscosupplementation injections to the left knee. On January 15, 2015 Utilization Review non-certified a request for 5 viscosupplementation injections to the left knee, noting the lack of evidence of a trial and failure of aspiration and injection of intra-articular steroids to relieve knee pain and improve function. The Official Disability Guidelines (ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**5 Viscosupplementation injections to the 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,(ODG) Treatment Index, 11th Edition (web)),2014, Knee, injections (hyaluronic acid injections).

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

**Decision rationale:** The patient presents with pain in the left knee. The request is for 5 VISCOSUPPLEMENTATION INJECTIONS TO THE LEFT KNEE. Patient is status post left knee meniscectomy 09/15/14. Physical examination to the left knee on 01/06/15 revealed tenderness to palpation over the medial joint line with a mild effusion. Patient's diagnosis include left knee status post meniscectomy with medial femoral condyle chondromalacia. Patient has completed 12 physical therapy sessions. Per 11/25/14 progress report, patient's medications include Morbid and Meloxicam. Patient's work status is not specified.ODG-TWC, Knee Chapter states: "Hyaluronic acid injections: 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. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain)."In 01/06/15 progress report, treater is requesting authorization for viscosupplementation injections to the knee as the patient continues to be symptomatic despite physical therapy and antiinflammatory medications. ODG guidelines state that hyaluronic injections are not indicated for any other condition except symptomatic severe osteoarthritis of the knee. In this case, the patient is diagnosed with left knee status post meniscectomy with medial femoral condyle chondromalacia. In review of the medical records, there were no indications of the patient being diagnosed with osteoarthritis of the knee. ODG does not support these injections for chondromalacia. Therefore, the request IS NOT medically necessary.