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| <b>Case Number:</b>   | CM15-0121674 |                              |            |
| <b>Date Assigned:</b> | 07/02/2015   | <b>Date of Injury:</b>       | 05/18/2010 |
| <b>Decision Date:</b> | 07/31/2015   | <b>UR Denial Date:</b>       | 05/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/23/2015 |

### 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: Massachusetts

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 (n) 51 year old male, who sustained an industrial injury on 5/18/10. He reported pain in his left knee. The injured worker was diagnosed as having left knee osteoarthritis, status post left knee arthroscopy and partial medial meniscectomy. Treatment to date has included physical therapy. As of the PR2 dated 4/23/15, the injured worker reports continued pain and weakness in the left knee. He has completed post-op physical therapy. Objective findings include no patellofemoral crepitus, no effusion and tenderness to palpation. The treating physician requested viscosupplementation injections to the left knee x 3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viscosupplementation injections to the left knee Qty: 3.00:** 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), 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 & Leg (Acute & Chronic), Hyaluronic acid injections.

**Decision rationale:** The claimant sustained a work injury in May 2010 and continues to be treated for left knee pain. When seen, he had completed therapy and was having ongoing pain. Physical examination findings included medial tibial plateau tenderness and an antalgic gait. There was no patellofemoral crepitus. Prior treatments had included an arthroscopic partial medial meniscectomy. Recommendations included a continued home exercise program and a series of viscosupplementation injections. An MRI of the left knee in October 2014 is referenced as showing a medial meniscus tear with thinning of the medial articular cartilage and small medial compartment osteophytes. A hyaluronic acid injection is recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments including exercise and non-steroidal anti-inflammatory medications or acetaminophen in order to potentially delay total knee replacement. In this case, there are no documented imaging findings of severe osteoarthritis with only mild articular cartilage thinning by MRI. The requested series of injections is not medically necessary.