

<b>Case Number:</b>	CM15-0173612		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	10/26/2003
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 26, 2003. In a Utilization Review report dated August 17, 2015, the claims administrator failed to approve a request for viscosupplementation injections to the bilateral knees. The claims administrator stated that its decision was based on non-MTUS ODG Guidelines but did not seemingly incorporate the same into the rationale. Progress note of June 18, 2015 and RFA form of August 13, 2015 were referenced in the determination. On July 21, 2015, the applicant reported ongoing complaints of knee pain. The applicant was given diagnosis of left knee degenerative joint disease. 6/10 pain complaints were reported. The applicant reportedly had x-rays of the knee dated May 12, 2015 demonstrating moderate-to-advanced arthritis of the same. The applicant was apparently in the process of pursuing total knee arthroplasty. On June 18, 2015, the applicant reported ongoing complaints of bilateral knee arthritis, advance, left greater than right. The applicant stated that she was intent on pursuing surgery later in 2015. Squatting, running, and bending remained problematic. The applicant contended that earlier [viscosupplementation] injections were reportedly successful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viscosupplementation injection series of 3 supartz injections for bilateral knees:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Criteria for Hyaluronic acid or Hylan.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 687 Viscosupplementation Injections.

**Decision rationale:** Yes, the request for viscosupplementation injections for the bilateral knees was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines acknowledges that viscosupplementation injections are recommended in the treatment of moderate-to-severe knee osteoarthritis, as was seemingly present here. The attending provider reported on multiple office visits that the applicant had advanced arthritic changes of the bilateral knees. The attending provider seemingly suggested on June 18, 2015 that the applicant was intent on employing the viscosupplementation injection(s) in question to defer or delay operative intervention until several months down the road, a role for which viscosupplementation injections are espoused per Third Edition ACOEM Guidelines Knee Disorders Chapter. Therefore, the request was medically necessary.