

<b>Case Number:</b>	CM15-0026881		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	06/04/2014
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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 knee pain reportedly associated with an industrial injury of June 4, 2014. In a Utilization Review Report dated February 5, 2015, the claims administrator failed to approve a request for a knee viscosupplementation injection. Non-MTUS ODG guidelines were invoked. The claims administrator referenced an RFA form received on January 20, 2015 in its determination. The claims administrator contended that the applicant had received a knee viscosupplementation injection without benefit in November 2014. The applicant's attorney subsequently appealed. On November 17, 2014, the applicant reported persistent complaints of knee pain. The applicant was 34 years old, it was suggested. The applicant was described as having used the knee brace with minimal benefit. The applicant was using Motrin and Vicodin. The applicant reportedly had MRI-confirmed meniscal tearing and medial compartmental arthrosis. The applicant received a corticosteroid injection on this date. In a progress note dated December 3, 2014, the attending provider suggested that the applicant pursue a knee viscosupplementation injection, stating that the applicant had issues with knee arthritis which had proven recalcitrant to earlier corticosteroid injection therapy. On January 23, 2015, the attending provider noted ongoing complaints of knee pain secondary to alleged knee osteoarthritis. Home exercises, Motrin, and a viscosupplementation injection were proposed. On January 18, 2015, the treating provider reiterated the request for viscosupplementation injection, noting the failure of physical therapy, oral medications, and an earlier knee corticosteroid injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Drain/Inject Joint/Bursa:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non- MTUS ACOEM V.3 Knee, Specific Diagnoses, Knee Pain and Osteoarthritis, InjectionsViscosupplementation InjectionsViscosupplementation has been used for knee osteoarthritis (15, 1253, 1279-1296) and to treat pain after arthroscopy and meniscectomy.(1297) Similar to glucocorticosteroid injections, the purpose is to gain sufficient relief to either resume conservative medical management or to delay operative intervention. (1280, 1287, 1298- 1301)Recommendation: Intra-articular Knee Viscosupplementation Injections for Moderate to Severe Knee OsteoarthritisIntra-articular knee viscosupplementation injections are recommended for treatment of moderate to severe knee osteoarthritis.

**Decision rationale:** The request in question, based on documentation provided by the attending provider and claims administrator, represents a request for a knee viscosupplementation injection for knee osteoarthritis. The MTUS does not address the topic of knee viscosupplementation injections. However, the Third Edition ACOEM Guidelines do suggest that viscosupplementation injections are indicated in the treatment of knee osteoarthritis, particularly that which has proven recalcitrant to NSAIDs, Tylenol, weight loss, and/or exercise strategies. Here, the attending provider has, in fact, contended that the applicant's knee osteoarthritis has, in fact, proven recalcitrant to other first-, second-, and third-line treatments. Moving forward with a trial viscosupplementation injection was, thus, indicated. Therefore, the request was medically necessary.