

<b>Case Number:</b>	CM13-0012715		
<b>Date Assigned:</b>	09/27/2013	<b>Date of Injury:</b>	02/14/2003
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50-year-old female reportedly suffered a vocationally related injury to her knee on February 14, 2003. She has been diagnosed with osteoarthritis of her knee. Records reflect that her treatments to date have included activity modification, chiropractic care, medical management and arthroscopic surgery. She has also had a number of corticosteroid injections which have offered her nothing more than short term relief. Reportedly, her clinical course is worsening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hyalgan 3 injections, one per week for 3 weeks, for the left knee:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Criteria for Hyaluronic acid injections

**Decision rationale:** The CA MTUS Guidelines do not address this, but Official Disability Guidelines state that individuals can be considered reasonable candidates for viscosupplementation injections when they carry the diagnosis of symptomatic osteoarthritis that

has failed other forms of conservative care. The records provided document this patient has been under care for years. It appears that she has been through conservative and arthroscopic treatment for her knee arthritis. She has also failed corticosteroid injections. It would appear in this setting that she is a reasonable candidate to proceed with the viscosupplementation injections as outlined. The fact that she is above ideal bodyweight would not be a contraindication. Records reflect that she has lost some weight in years past. This would not be an absolute contraindication to proceeding with the injections. As such, I would submit that the records in this particular case would support the treating provider's recommendation which is consistent with the evidence based literature and as such it would appear that the proposed course of treatment, i.e. viscosupplementation injections are in fact reasonable and medically necessary.