

<b>Case Number:</b>	CM13-0019069		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/02/2012
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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:

The patient is a 46-year-old injured worker who reported an injury on 05/02/2012. The mechanism of injury was not provided within the medical records. The patient's symptoms were noted to include right knee pain, rated as 6/10, and occasional grinding. The objective findings are noted as a normal gait, post-meniscectomy residuals of the right knee, residual MJL tenderness, and mild crepitus. Diagnosis was noted as medial meniscal tear of the right knee. A recommendation was made for hyaluronic acid injections to the right knee, as it was noted that the patient would not likely improve with further surgical or other approaches, such as medications alone or therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Ultrasound guided HA injection into the right knee series 3: 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).

**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, Hyaluronic acid injections.

**Decision rationale:** The Official Disability Guidelines state that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. It further states that while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patella, osteochondritis dissecans, or patellofemoral syndrome. As the documentation provided for review fails to show the patient has severe osteoarthritis of the knee, and hyaluronic acid injections are not recommended for other conditions at this time. The request for a Ultrasound guided HA injection is not medically necessary and appropriate.