

<b>Case Number:</b>	CM13-0054798		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/01/2001
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 72-year-old female who reported an injury on 04/01/2001. The mechanism of injury was not provided for review. The patient was evaluated for treatment on 09/09/2013. It was documented that the patient had 5/10 to 6/10 pain that was exacerbated by walking and twisting. Physical findings of the right knee included abnormal range of motion and normal strength, with no swelling and no evidence of instability. The patient's diagnoses included medial cartilage or meniscus tear and osteoarthritis of the lower leg. A request was made for Hyalgan injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hyalgan Injections x 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The requested Hyalgan injections x3 are not medically necessary or appropriate. The clinical documentation submitted for review does not provide any significant

deficits to support that the patient has moderate to severe osteoarthritis that may benefit from this type of therapy. Official Disability Guidelines recommend Hyaluronic injections when there is documentation of severe osteoarthritis for patients who are not candidates of total knee replacement. The clinical documentation submitted for review does not include any imaging evidence that the patient has severe osteoarthritic pain. Additionally, the patient's evaluation on 09/09/2013 did not reveal any significant deficits that would support the diagnosis of osteoarthritis. As such, the requested Hyalgan injections x3 are not medically necessary or appropriate.