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| <b>Case Number:</b>   | CM14-0001662 |                              |            |
| <b>Date Assigned:</b> | 06/11/2014   | <b>Date of Injury:</b>       | 06/12/2013 |
| <b>Decision Date:</b> | 08/08/2014   | <b>UR Denial Date:</b>       | 12/13/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/06/2014 |

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/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 injured worker is a 43-year-old female who reported an injury on 06/02/2013. The mechanism of injury was lifting and twisting. Her diagnoses included chronic pain of the left knee, patellofemoral chondromalacia, and lateral meniscus tear. Her previous treatments include medications, bracing, aquatic therapy, and home exercise. Within the clinical note dated 09/17/2013, the injured worker was in for an orthopedic evaluation. The injured worker reported that she had pain in her left knee rated an 8/10 at the worst and a 4/10 at the best. She reported that activities including sudden movements, standing too long, and climbing stairs increased her pain. On physical examination of the left knee, the physician reported left lateral joint line tenderness with good range of motion. The left knee had no gross instability, mild effusion, and minimal crepitus. The neurovascular status of the left lower extremity was grossly intact. The physician reported an MRI of the left knee dated 07/29/2013 revealed patellofemoral and lateral compartment chondromalacia and a shallow free-edge tearing of the lateral meniscus with effusion. The physician's treatment plan included a recommendation for a conservative course of treatment with a series of hyalgan injections times 5. Within the most recent clinical note dated 12/09/2013, on physical examination of the left knee, the physician reported there was no gross instability, good range of motion, and positive crepitus. There was patellofemoral tenderness as well as lateral joint tenderness. He reported the injured worker ambulated with the use of a knee brace on an as needed basis. The physician's treatment plan was for the injured worker to continue with her home exercise program and aquatic therapy. He also instructed the injured worker to use Motrin as prescribed and continue on modified work as tolerated. The current request is for hyalgan injections, left knee, series of 5 injections. The rationale was not provided for the request. The request for authorization was not provided in the medical records.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **HYALGAN INJECTIONS LEFT KNEE SERIES OF 5 INJECTIONS:** 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), Knee and Leg Chapter, Criteria for Hyaluronic Acid Injections.

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

**Decision rationale:** The request for hyalgan injections, left knee, series of 5 injections is not medically necessary. The Official Disability Guidelines state that for hyaluronic acid injections, are recommended as a possible option for severe osteoarthritis for injured workers who have not responded adequately to recommended conservative treatment, including exercise, NSAIDs, or acetaminophen, to potentially delay total knee replacement. While osteoarthritis of the knee is recommended, there is insufficient evidence for others conditions, including patellofemoral arthritis, chondromalacia patella, osseochondritis, dissecans, or patellofemoral syndrome. The criteria for hyaluronic acid injections includes: symptomatic arthritis that has not responded adequately to conservative treatment; documented symptoms of symptomatic severe osteoarthritis of the knee; pain interferes with functional activities; and failure to adequately respond to aspiration and injections of intra-articular steroids. The clinical documentation provided indicated the injured worker had continued to have pain of the left knee with crepitus. However, there was no documentation of osteoarthritis and the guidelines do not support the use of the injections for patellofemoral chondromalacia and chronic knee pain. As such, the request for hyalgan injections, left knee, series of 5 injections, is not medically necessary.