

<b>Case Number:</b>	CM14-0002079		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	09/23/2008
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Management 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 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:

This is a patient with a date of injury of 9/23/08. A utilization review determination dated 12/9/13 recommends non-certification of hyaluronic acid injections to the left knee. It references an 11/12/13 medical report identifying left knee pain and left hip pain. On exam, there is slight genu valgum and increased Q angle, patellofemoral grinding and crepitation, positive apprehension test, and ROM 0-150 degrees. Treatment has included home exercise and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SERIES OF HYALURONIC ACID INJECTIONS TO THE LEFT KNEE:** 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 Chapter, Hyaluronic Acid Injections Section.

**Decision rationale:** Regarding the request for a series of hyaluronic acid injections to the left knee, California MTUS does not address the issue. The Official Disability Guidelines (ODG) supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who

have not responded adequately to nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Within the documentation available for review, there is no documentation of significantly symptomatic osteoarthritis, pain that interferes with functional activities, and failure of aspiration and injection of intra-articular steroids. In the absence of such documentation, the currently requested series of hyaluronic acid injections to the left knee is not medically necessary.