

<b>Case Number:</b>	CM14-0003932		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Occupational Medicine, 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:

According to the records made available for review, this is a 65-year-old female with a 10/1/12 date of injury, and status post left knee arthroscopic patellar chondroplasty and medial meniscal debridement 8/12/13. At the time (12/23/13) of request for authorization for hyaluronic acid injections (total 3), there is documentation of subjective (pain rated 1-2/10 in the left knee, which bothers the patient on occasion, and has a dull ache with a sense of giving way, mild sense of weakness) and objective (no tenderness, full passive range of motion, no effusion, knee stable, and negative meniscal signs) findings, arthroscopy findings (grade 4 patellar chondrosis), current diagnoses (left knee patellar chondrosis, left knee synovitis, left knee medial meniscus tear, status post left knee arthroscopic medial meniscus debridement 8/12/13), and treatment to date (medications, physical therapy, activity modification, left knee intra-articular injections). There is no documentation of symptomatic severe osteoarthritis of the knee; that pain interferes with functional activities (e.g. ambulation, prolonged standing) and is not attributed to other form of joint disease; not currently a candidate for total knee replacement or has failed previous knee surgery for arthritis OR a younger patient wanting to delay total knee replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYALURONIC ACID INJECTINS (TOTAL 3): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 MTUS guidelines do not address this issue. The ODG identifies documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications); documented symptomatic severe osteoarthritis of the knee, which may include the following: bony enlargement, bony tenderness, crepitus on active motion; less than 30 minutes of morning stiffness; no palpable warmth of synovium; over 50 years of age; pain interferes with functional activities (e.g. ambulation, prolonged standing) and not attributed to other form of joint disease; failure to adequately respond to aspiration and injection of intra-articular steroids; not currently a candidate for total knee replacement or has failed previous knee surgery for arthritis OR a younger patient wanting to delay total knee replacement as criteria necessary to support the medical necessity of hyaluronic acid injections. In addition, the guidelines identify that hyaluronic acid injections are generally performed without fluoroscopic or ultrasound guidance. Furthermore, ODG identifies that hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. Within the medical information available for review, there is documentation of diagnoses of left knee patellar chondrosis, left knee synovitis, left knee medial meniscus tear, and status post left knee arthroscopic medial meniscus debridement 8/12/13. In addition, there is documentation of failure of conservative treatment (intra-articular steroid injection). However, given documentation of pain rated 1-2/10, there is no documentation of symptomatic severe osteoarthritis of the knee. In addition, there is no documentation that pain interferes with functional activities (e.g. ambulation, prolonged standing) and is not attributed to other form of joint disease; not currently a candidate for total knee replacement or has failed previous knee surgery for arthritis OR a younger patient wanting to delay total knee replacement. Therefore, based on guidelines and a review of the evidence, the request for hyaluronic acid injections (total 3) is not medically necessary.