

<b>Case Number:</b>	CM14-0102954		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/08/2011
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 60-year-old gentleman who was injured in a work related accident on 10/08/11. The medical records provided for review specific to the claimant's right knee included the 05/13/14 progress report noting bilateral knee complaints. Examination of the right knee documented tenderness over the medial joint line, positive patellar compression testing, restricted range of motion at end points and medial joint line tenderness. The report of an MRI dated 07/16/13 showed abnormality of the medial meniscus representing a degenerative meniscal tear with hypertrophic changes to the distal femur and proximal tibia. There was also documentation of moderate medial joint space narrowing. The recommendation made was for a series of viscosupplementation injections to the right knee. There was no documentation in the records of prior conservative measures including a recent corticosteroid injection. It was documented that the claimant was status post left total knee arthroplasty as a result of the injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee Hyalgan Injections, times 5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Knee and Leg, Hyaluronic acid Injections and Ultrasound, diagnostic

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Hyaluronic acid injections Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. See Recent rese

**Decision rationale:** The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on Official Disability Guidelines, the request for right knee Hyalgan injections times 5 cannot be recommended as medically necessary. The Official Disability Guidelines recommend visco supplementation injections when the patients have failed all forms of pharmacological and non-pharmacological treatment in regards to osteoarthritis of the knee. While this individual is noted to have joint space narrowing on imaging, there is no documentation that previous corticosteroid injections that have been performed. Without this documentation, the request for Hyalgan Injections is not medically necessary.