

<b>Case Number:</b>	CM14-0011550		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/14/2010
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 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 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:

Patient is a 59 year-old female with date of injury 09/14/2010. The medical record associated with the request for authorization, a primary treating physician's progress report, dated 11/20/2013 lists subjective complaints as pain in the left knee. Objective findings: Examination of the left knee revealed decreased range of motion and tenderness to palpation on the medial joint line. There was mild tenderness to palpation in the medial patella facet and lateral patella facet. The joint was stable and tracked well with range of motion. There was no instability with manipulation or weight bearing, and no pain with range of motion. The patient had a hyaluronic acid injection into the left knee approximately one year ago and reported to have improved approximately 50%; the improvement lasted for only 8-12 weeks. Diagnosis: 1. Left knee osteoarthritis; 2. Left shoulder impingement/bursitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT KNEE HYALURONIC ACID INJECTION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** According to the Official Disability Guidelines, hyaluronic acid injections are 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. The patient received moderate relief for a short duration from the last injection. There is no documentation of knee replacement plan for this patient, which is the indication for using hyaluronic acid injections. Therefore the request for Left Knee Hyaluronic Acid Injection is not medically necessary.

**CM3-KETOPROFEN 20% FOR THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 112.

**Decision rationale:** According to Chronic Pain Medical Treatment Guidelines Ketoprofen agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Therefore the request for CM3-Ketoprofen 20% for the left knee is not medically necessary.