

<b>Case Number:</b>	CM14-0019161		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	05/18/2013
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 57-year-old female who reported an injury on 05/18/2013. The mechanism of injury is not provided. The clinical note dated 01/30/2014 noted the injured worker reported discomfort to her right knee. She rated her pain level at 4/10. It was noted that the injured worker was given an intra-articular cortisone injection at the prior visit which did not help much. The injured worker was status post contusion of the right knee with right knee arthropathy by MRI scan. An evaluation on 11/21/2013 documented the injured worker was 5 weeks status post right knee arthroscopy with partial medial and lateral meniscectomies. Radiographs of the right knee had a normal appearance. The injured worker has only completed 1 visit of physical therapy so far and she stated that this aggravated her knee somewhat. The physician was requesting authorization for a series of 5 hyalgan injections for the injured worker's right knee with ultrasound guidance to help sustain the injured worker's pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYALGAN INJECTION SERIES OF 5 TO RIGHT KNEE (ONCE A WEEK FOR 5 WEEKS) UNDER ULTRASOUND GUIDANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS 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, Hyaluronic acid injections.

**Decision rationale:** The request for a hyalgan injection series of 5 to the right knee once a week for 5 weeks under ultrasound guidance is non-certified. The Official Disability Guidelines, Knee Chapter, indicates criteria for hyaluronic acid injections. The guidelines note patients should have symptomatic osteoarthritis without adequate response to conservative nonpharmacologic and pharmacologic treatments. Patients should have documentation of symptomatic severe osteoarthritis of the knee with findings upon physical exam including bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of the synovium, and over 50 years of age. The injured worker complained of discomfort in her right knee in a recent evaluation on 02/20/2014. She was given an intra-articular cortisone injection two months previously which did not help much. Documentation fails to indicate severe osteoarthritis, bony enlargement, bony tenderness, and crepitus on active motion or morning stiffness. Therefore, the request for hyalgan injection series of 5 to the right knee once a week for 5 weeks under ultrasound guidance is not medically necessary and appropriate.