

<b>Case Number:</b>	CM14-0168741		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	03/15/2010
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 39-year-old woman who sustained a work-related injury on March 15, 2010. Subsequently, she developed chronic right ankle pain. The patient underwent lateral ankle stabilization in 2010. Prior treatment also included cortisone injections (benefit lasting 5 weeks) and medications. According to the evaluation dated October 3, 2014, the patient complained of pain to the right foot and ankle. Physical examination revealed dorsalls pedis and posterior tibial pulses were palpable 2/4 on the right and left foot. There was no edema on the right foot. Sensation of light touch and pressure was intact to the right foot and left foot. Pain on palpation was noted along the length of the peroneus longus. Positive Tinel's sign. The patient was diagnosed with peroneal tendonitis and probable entrapment of the dorsal medial cutaneous nerve in the scar. The provider requested authorization for Monovisc viscosupplementation injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Monovisc viscosupplementation 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; regarding Hyaluronic acid injection; Criteria for Hyaluronic acid or Hylan

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

<http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Hyaluronicacidinjections>

**Decision rationale:** According to ODG guidelines, 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 research below. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. Viscosupplementation is an effective treatment for OA of the knee with beneficial effects: on pain, function and patient global assessment; and at different post injection periods but especially at the 5 to 13 week post injection period. Within the constraints of the trial designs employed no major safety issues were detected. There is no documentation that the patient failed conservative therapies. There is no documentation that the patient is suffering from osteoarthritis or severe osteoarthritis that did not respond to conservative therapies. There is no documentation that the patient is candidate for a knee replacement or the injection will delay the need for a knee replacement. The medical necessity for Monovisc viscosupplementation injection is not established.