

<b>Case Number:</b>	CM14-0184211		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	12/01/1997
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of December 1, 1997. A utilization review determination dated October 29, 2014 recommends noncertification of hyalgan injections to the right knee. Noncertification is recommended since the patient has had multiple series over 5 years and guidelines do not support more than 3 series of injections over a five-year period, according to the reviewer. An operative report dated June 21, 2011 indicates that the patient underwent left knee arthroscopy for chondromalacia and a torn left lateral meniscus. No progress reports have been provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hyalgan injection right knee (5 injections):** 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:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Hyaluronic acid injections

**Decision rationale:** Regarding the request for Hyalgan, Occupational Medicine Practice Guidelines do not contain specific criteria regarding the use of hyaluronic acid injections. ODG

states that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. Within the documentation available for review, there is no documentation of failure of conservative treatment including physical therapy and steroid injections. Additionally, it appears the patient has undergone hyaluronic acid injections previously, but there is no documentation of analgesic efficacy, objective functional improvement, or duration of effect. As such, the currently requested Hyalgan injections for the knee are not medically necessary.