

<b>Case Number:</b>	CM14-0038939		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/10/2008
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 was injured on 7/10/2008. The diagnoses are right knee, left foot and right shoulder pain. On 1/20/2014, the treating physician noted subjective complaints of right knee pain. The pain was said to be stable with no worsening of symptoms. It was the left foot pain that was said to be getting worse. The patient also complained of anxiety and insomnia. On 3/3/2014, there were subjective complaints of bilateral lower extremities stiffness and weakness. The patient was doing home exercises and using foot inserts. The medications were tramadol and alprazolam. The UDS on 8/2013 was consistent with alprazolam and tramadol. The patient was noted to have had a series of Synvisc injections in 2011 but no details of the outcome was available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hyalgan Injections to the Right Knee, 1 per week for 3 weeks/ denied per Physician Advisor:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Follow -up visits. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Hyaluronic acid Injections.

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

**Decision rationale:** The MTUS did not address the indications for Hyalgan injections. The ODG guidelines recommend that hyaluronic acid injections be reserved for patients who are more than 50 years of age and have failed conservative treatment with PT, medications and steroid injections for the treatment of severe osteoarthritis of the knee. The record did not show that the patient have failed conservative management with medications and PT. There is no documentation of contraindication or failure to steroid injections or beneficial effects from a prior Synvisc injections. There is no radiographic evidence of severe osteoarthritis of the knee. The criteria for the Hyalgan injections to the right knee, 1 per week for 3 weeks was not met.