

<b>Case Number:</b>	CM14-0051453		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	02/17/2013
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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. 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 56 year old female with a date of injury of 02/17/2013. Mechanism of injury includes a hyperextension of her left knee due to a slip on a mat. The injured worker is status post arthroscopic repair with lateral meniscectomy of the left knee which was performed on 12/23/2013. Clinical note dated 01/10/2014 includes a request for physical therapy and clinical note dated 2/14/2014 includes a request for additional physical therapy at two times per week for four weeks. The latter clinical note includes a report that the injured worker continues to complain of left knee pain rated at a 5/10 with numbness. Physical therapy notes are available to confirm the injured worker participated in six visits, but additional physical therapy notes were not available for review. Most recent physical examination dated 02/27/2014 reports the injured worker is doing poorly with progressive knee pain. The note indicates x-rays of the left knee and tibia which reportedly show progressive degenerative arthritis. This x-ray was not available for review. There were no records submitted for review which indicated the objective results of the patient's physical therapy. There were no records outlining the injured worker's pharmacologic treatments, no records of the failure or intolerance of such treatments, and no indication the injured worker had received corticosteroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**5 Series of 5 Hyalgan injections to the left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Visco supplementation knee chapter, Hyaluronic acid injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 512-513. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Hyaluronic acid injections.

**Decision rationale:** Studies included in American College of Occupational and Environmental Medicine (ACOEM) show evidence of the efficacy of exercise on knee pain caused by osteoarthritis suggest exercise is comparable to hyaluronate injections for the control of pain. ACOEM does not further address the use of hyaluronate injections. Official Disability Guidelines (ODG) indicate that the brand of hyaluronic acid Hyalgan is recommended in a series of three to five intra-articular injections but only when the injured worker has failed to adequately respond to aspiration and injection of intra-articular steroids. There was no indication of the use of intra-articular steroids included in the records submitted for review. Therefore, there was no evidence of the failure of this form of conservative treatment. In accordance with ODG and based upon the clinical documentation available for review, medical necessity of 5 series of 5 Hyalgan injections to the left knee is not substantiated, the request is not medically necessary and appropriate.