

<b>Case Number:</b>	CM14-0081845		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/29/2002
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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, 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:

The injured worker is an 80-year-old male who reported an injury on 01/29/2002 due to an unknown mechanism of injury. The injured worker had a history of right knee pain. The injured worker had a diagnosis of progressive osteoarthritis of the bilateral knees. The MRI dated 11/14/2003 revealed a lateral meniscus tear involving the inner third and chondromalacia patellae. The past surgical procedures included an arthroscopy of the right knee with arthroscopic partial right lateral meniscectomy. The past treatments included hyalgan injections to the right knee and physical therapy. The objective findings dated 04/28/2014 to the bilateral knees revealed pain to the right knee with weight bearing. No medications or VAS were provided. The treatment plan included hyalgan injections to the right knee. The Request for Authorization dated 07/18/2014 was submitted with documentation. The rationale for the hyalgan injections was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for 5 Hyalgan injections for the right knee (1 injection per week): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Hyalgan (hyaluronate).

**Decision rationale:** The request for 5 Hyalgan injections for the right knee (1 injection per week) is not medically necessary. The Official Disability Guidelines recommend Hyalgan injections 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. The clinical notes provided indicated that the injured worker had surgery on 03/16/2004 to the right knee. However, no documentation that the arthroscopic partial right lateral meniscectomy had failed. The documentation did not provide all conservative care that had failed, including physical therapy. The clinical notes were not evident that the injured worker is taking any medication. As such, the request is not medically necessary.