

<b>Case Number:</b>	CM14-0083507		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	07/23/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 & 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:

The injured worker is a 37-year-old male who reported an injury on 07/23/2013. The mechanism of injury was not provided for clinical review. The diagnosis included right knee medial meniscal tear. The previous treatments included medication. The diagnostic testing included an MRI, and x-ray. Within the Clinical Note dated 07/16/2014 it was reported the injured worker complained of mild knee pain which is worse with kneeling in the morning and morning stiffness. The injured worker recently underwent a right knee arthroscopy on 01/31/2014 which he reports is not improving and he is having moderate pain with a mild weakness. On the physical examination of the right knee, the provider noted right knee was neurologically intact, no calf tenderness. Sensation in the right lower extremity was neurologically intact. Patellar tendon reflexes were 2+, ankle reflexes 2+. The provider requested right knee hyaluronic acid injections. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Hyaluronic Acid 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 (ODG) Hyaluronic Acid Injections.

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

**Decision rationale:** The Official Disability Guidelines note hyaluronic acid injections are recommended as possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments including exercise, NSAIDs, or acetaminophen, to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. The criteria for hyaluronic injections include patients experience significantly symptomatic osteoarthritis but have not responded adequately to conservative non-pharmacological treatment. The documented symptomatic severe osteoarthritis of the knee which may include the following: boney enlargement, boney tenderness, and crepitus on active motion. Less than 30 minutes of morning stiffness, no palpable warmth of synovium. Pain interferes with functional activity, ambulation, prolonged standing, and not attributed to other forms of joint disease, are not currently candidates for total knee replacement or who have failed previous knee surgeries for their arthritis unless younger patients wanting to delay total knee replacement. The clinical documentation indicated the injured worker recently underwent a surgery which had failed and continues with pain. There is a lack of documentation indicating the injured worker tried and failed on conservative therapy for at least 3 months. There is a lack of documentation of severe osteoarthritis of the knee to include boney enlargement, boney tenderness, and crepitus on active motion. Therefore, the request is not medically necessary.