

<b>Case Number:</b>	CM14-0089381		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/25/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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:

The injured worker is a 70-year-old female with an original date of injury on August 25, 2012. The industrial diagnoses include chronic bilateral knee pain, knee osteoarthritis, internal derangement of the knee, tendon and ligament injury of the knee, and a history of right knee arthroscopy. The mechanism of injury was a slip and fall. Conservative treatments to date have included home exercise program, physical therapy, ambulation with a cane, and pain medications including topical Voltaren and Percocet. The disputed issue is a request for Hyalgan injections in both knees. A utilization review determination had non-certified this request citing that there was no documentation of a previous trial of steroid injections in the knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee Hyalgan injections x5: 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Viscosupplementation

**Decision rationale:** In the case of this injured worker, there is documentation of knee osteoarthritis. Conservative care has consisted of work restriction, home exercise program, ambulation with a cane, Voltaren gel, and Percocet. The patient has also undergone right knee arthroscopy. A progress note on date of service 4/4/2014 had documented that the patient had a previous "injection"; this was also listed under the "Treatment to Date" section. It is not clear what kind of injection this included and what effect it had. This is crucial information as the Official Disability Guidelines specify repeat viscosupplementation is only recommended if a patient had 6 months of significant benefit. Without this information, this request is not medically necessary.

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