

<b>Case Number:</b>	CM14-0197292		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Family Practice, 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 47-year-old female who reported an injury on 01/18/2013. The mechanism of injury was cumulative trauma. She was diagnosed with left knee sprain. Her past treatments were noted to include left knee steroid injections, left knee brace, physical therapy, and medications. On 08/21/2014, the patient reported left knee pain with radiation to the left leg, rated 8/10 on the pain scale. On physical examination, she was noted to ambulate without an assistive device with a normal gait pattern. Additionally, she was noted to have 4/5 of left knee extension. Her current medications were noted to include naproxen 500 mg twice a day. The treatment plan was noted to include authorization for 5 Hyalgan injections for the left knee to address degenerative chondromalacia, arthritic changes. A Request for Authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hyalgan Injections Left Knee #5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 10/07/14)

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

**Decision rationale:** The Official Disability Guidelines recommend as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments and to potentially delay total knee replacement. The clinical documentation submitted for review does indicate that the patient has tried NSAIDs; however, there is no evidence the patient has attempted exercise or physical therapy. Additionally, there was no evidence the patient was diagnosed with severe osteoarthritis. In addition, the guidelines do not recommend hyaluronic injections for Chondromalacia. Given the above information, the request is not supported by the guidelines. As such, the request for Hyalgan injections left knee #5 is not medically necessary.