

<b>Case Number:</b>	CM14-0208918		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	04/23/2007
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Management 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:

According to the records made available for review, this is a 60-year-old female with a 4/23/07 date of injury. At the time (10/22/14) of request for authorization for Hyalgan Injection to the right knee, there is documentation of subjective (right knee pain rated as an 8 out of 10 described as throbbing with popping sounds) and objective (right knee restricted and painful range of motion, pain with flexion and extension of the knee, tenderness to palpation over the medial joint line, and positive McMurray's test) findings, current diagnoses (bilateral knee sprain/strain), and treatment to date (physical therapy and medication). Medical report identifies a request for right knee Hylagan injection x4 and continue physical therapy to the right knee. There is no documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; failure of additional conservative treatment (physical therapy, weight loss, and intra-articular steroid injection); and plain x-ray or arthroscopy findings diagnostic of osteoarthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hyalgan Injection to the right knee:** 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, Hyaluronic acid injections.

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; failure of conservative treatment (such as physical therapy, weight loss, non-steroidal anti-inflammatory medication, and intra-articular steroid injection); and plain x-ray or arthroscopy findings diagnostic of osteoarthritis, as criteria necessary to support the medical necessity of Hyalgan Injections. In addition, the guidelines identify that Hyaluronic injections are generally performed without fluoroscopic or ultrasound guidance. Within the medical information available for review, there is documentation of diagnoses of bilateral knee sprain/strain. In addition, there is documentation of failure of conservative treatment (medications). However, despite documentation of subjective (right knee pain rated as an 8 out of 10 described as throbbing with popping sounds) and objective (right knee restricted and painful range of motion, pain with flexion and extension of the knee, tenderness to palpation over the medial joint line, and positive McMurray's test) findings, there is no documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies. In addition, given documentation of a request to continue physical therapy to the right knee, there is no documentation of failure of additional conservative treatment (physical therapy, weight loss, and intra-articular steroid injection). Furthermore, there is no documentation of plain x-ray or arthroscopy findings diagnostic of osteoarthritis. In addition, given documentation of a request for right knee Hyalgan injection x4, the proposed number of injections exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Hyalgan Injection to the right knee is not medically necessary.