

<b>Case Number:</b>	CM15-0005042		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	11/01/1998
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 58 year old female, who sustained an industrial injury on 11/01/1998. She has reported subsequent bilateral knee pain and was diagnosed with osteoarthritis. The only medical documentation submitted includes three PR-2's dated 08/14/2014, 10/02/2014 and 12/04/2014. The PR-2 notes are mostly illegible so the treatments rendered to date and current subjective and objective examination findings are unknown. Requests were made for Hyalgen injections of the knees. On 12/11/2014, Utilization Review non-certified requests for Hyalgen Gel injection of the left knee and right knee noting that the records did not document severe osteoarthritis or that the injured worker had not adequately responded to standard nonpharmacologic or pharmacologic treatments. ODG guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hyalgan Gel Injection for the right knee x 2 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), Knee & Leg Chapter, Hyaluronic acid injections

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee; Hyaluronic Acid Injections

**Decision rationale:** MTUS Guidelines does not address this issue. ODG Guidelines addresses this issue in significant detail and point out that success from this treatment has not been nearly as good as once hoped. Due to limited success, the Guidelines have very specific criteria to qualify for these injections. These criteria included advanced osteoarthritis (which is not documented) and a prior trial and failure of steroid injections (which is not documented to have been trialed). Under these circumstances the request for the Hyalgan injections for the right knee X 2 or 3 injections is not medically necessary.

**Hyalgan Gel Injection for the left knee x 3 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), Knee & Leg Chapter, Hyaluronic acid injections

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee; Hyaluronic Acid Injections

**Decision rationale:** MTUS Guidelines does not address this issue. ODG Guidelines addresses this issue in significant detail and point out that success from this treatment has not been nearly as good as once hoped. Due to limited success, the Guidelines have very specific criteria to qualify for these injections. These criteria included advanced osteoarthritis (which is not documented) and a prior trial and failure of steroid injections (which is not documented to have been trialed). Under these circumstances the request for the Hyalgan injections for the left knee X 3 injections is not medically necessary.