

<b>Case Number:</b>	CM15-0018997		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	07/03/2010
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 54 year old female, who sustained a work/ industrial injury on 7/3/10. Mechanism of injury was not documented. She has reported symptoms of cervical, bilateral hand, lumbar, shoulder, and knee pain with popping and 'giving way' of the right knee. Pain was rated as a 5-6/10. The diagnosis was right knee internal derangement. Treatments to date included a right knee arthroscopy on 7/26/13, a cane for support for right knee weakness, analgesics, and psychology consult for depression. Diagnostics included Magnetic Resonance Imaging (MRI) of bilateral hands that was unremarkable. Examination reported range of motion of the right knee to be 0-100 degrees and tender to palpation along the medial and lateral joint line. The treating physician requested hyalgan injections for the right knee (one injection each week x 4). Medications included Anaprox, Prilosec, Ultram, Zanaflex, Lisinopril, flector patch and creams. On 1/20/15, Utilization Review non-certified 4 Ultrasound guided hyalgan injections, noting the Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Ultrasound guided hyalgan 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 (Acute & Chronic), Hyaluronic acid injections.

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

**Decision rationale:** 4 Ultrasound guided hyalgan injections are not medically necessary. The ODG states "Hyaluronic acid injections are recommended as an option for osteoarthritis. Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. Criteria for Hyaluronic acid or Hylan are a series of three to five intra-articular injections of Hyaluronic acid (or just three injections of Hylan) in the target knee with an interval of one week between injections. Indicated for patients who 1) experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (gastrointestinal problems related to anti-inflammatory medications) 2) Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement. 3) Younger patients wanting to delay total knee replacement 4) Repeat series of injections: if relief for 6-9 month and symptoms recur, may be reasonable to do another series. Recommend no more than 3 series of injections over a 5-year period, because effectiveness may decline, this is not a cure for arthritis, but only provides comfort and functional improvement to temporarily avoid knee replacement." The request is made for 4 injections under ultrasound. The guidelines recommend 3 injections and ultrasound is not required.