

<b>Case Number:</b>	CM15-0131851		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	06/29/2004
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 53 year old male, who sustained an industrial injury on 6/29/2004. The medical records submitted for this review did not include documentation regarding the initial injury. Diagnoses include knee pain, joint pain, meniscus tear, and status post knee surgery. Treatments to date include physical therapy, offloading braces, Hyalgan injections. Currently, he complained of right knee pain. On 3/17/15, the physical examination documented mild swelling and pain with flexion in the right knee. The plan of care included arthrocentesis aspiration and injection of a major joint for administration of Hyaluronic Acid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient hyaluronic acid injection:** 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, Criteria for 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 & Leg (Acute & Chronic): Hyaluronic acid injections.

**Decision rationale:** The claimant sustained a work-related injury in June 2004 and underwent a partial meniscectomy. When seen, x-rays are referenced as showing bone on bone and the claimant as too young for a total knee replacement. Physical examination findings included a weight of 291 pounds. There was a slightly antalgic gait. There was decreased knee range of motion with pain and mild swelling. Norco was being prescribed. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. Criteria include an inadequate response to conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or intolerance of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications) after at least 3 months, documented symptomatic severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and a failure to adequately respond to aspiration and injection of intraarticular steroids. In this case, there is no evidence of failure of conservative treatments such as oral medications or injected corticosteroids. The requested injection series is not medically necessary.