

<b>Case Number:</b>	CM15-0139463		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	02/24/2014
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2015

### 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: Family Practice

### 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 was a 74 year old female, who sustained an industrial injury, February 24, 2014. The injured worker reported left hand pain and bilateral knee pain. The injured worker previously received the following treatments surgery, activity modification and splinting. The injured worker was diagnosed with left knee degenerative joint disease, granuloma annular, synovitis of the wrist, wrist strain, left knee pain due to overcompensation for the right knee, severe degenerative joint disease of the right knee, and carpal tunnel syndrome. According to progress note of May 22, 2015, the injured worker's chief complaint was worsening symptoms. The injured worker had minimal use of the left wrist. The injured worker was only able to work 24 hours per week. The injured worker reported the pain level was 8-9 out of 10. The pain was described as dull, aching, and sharp. The pain was made better by rest. The pain was worse with repetitive use of the bilateral upper extremities, prolonged standing, walking or driving. The physical exam noted the right knee range of motion of 0-122 degrees and the left knee of 0-125 degrees. There was minimal knee effusion. There was positive medial joint line tenderness bilaterally. The injured worker was not a candidate for knee replacement surgery due to other medical issues. The treatment plan included Viscosupplementation (Hyalgan) series of 5 injections to the left knee under ultrasound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viscosupplementation series of 5 injections to left knee under ultrasound guidance:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Knee and Leg (Acute & Chronic), hyaluronic acid injections updated 5/05/2015.

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

**Decision rationale:** The Official Disability Guidelines comment on the use of hyaluronic acid (also known as viscosupplementation) as a treatment modality. Overall, hyaluronic acid is recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. The criteria for Hyaluronic acid injections are as follows: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids; Generally performed without fluoroscopic or ultrasound guidance; Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. In this case, while there is evidence that the patient has right sided osteoarthritis; there is no corresponding diagnosis for the left knee that justifies the use of hyaluronic acid. Further, there is insufficient documentation in the medical records as to whether this patient has had prior intra-articular injections of corticosteroids and the effect of these injections on symptoms. There is insufficient documentation as to the nature of the physical examination findings in support of left-sided degenerative joint disease and no radiographic findings to confirm. Further, the above cited guidelines do not support use of ultrasound guidance for this procedure. Given the lack of documentation of osteoarthritis of the left knee, the lack of documentation that the patient failed conservative therapy to include use of intra-articular corticosteroids, and the use of ultrasound guidance, viscosupplementation series of 5 injections to the left knee under ultrasound guidance is not medically necessary.