

<b>Case Number:</b>	CM15-0147615		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	02/19/2002
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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 66 year old male who sustained an industrial injury on 02-19-2002. Mechanism of injury was a slip and fall from a backhoe while changing lights, injuring his low back and both knees. Diagnoses include bilateral knee osteoarthritis and lumbago. Treatment to date has included diagnostic studies, medications, steroid knee injections, transforaminal epidural steroid injections, status post vertebroplasty on 05-08-2003, lumbar facet injections, physical therapy, and left carpal tunnel release on 09-17-2013. Current medications include Bystolic, Enalapril, and Pantoprazole, Atorvastatin, Calcium and Gabapentin. He is not working. A physician progress note dated 06-17-2015 documents the injured worker complains of chronic low back, left wrist and bilateral knee pain. He rates his pain as 4 out of 10 with 10 being the worst pain. On average his pain is rated a 5 out of 10. The treatment plan includes continuing his same medications, and starting on Terocin patches and Genicin, and a consult regarding his knee. There is a positive lumbar facet loading maneuver bilaterally. His knees reveal full range of motion. Crepitus is noted. There is tenderness to palpation over the medial and lateral joint lines bilaterally. The injured worker has received hyaluronic acid injections in the past with a 50% reduction in knee pain. Treatment requested is for One (1) series of 5 ultrasound-guided Hyalgan injections to bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) series of 5 ultrasound-guided Hyalgan injections to bilateral knees: 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 & Leg (Acute & Chronic): Hyaluronic acid injections.

**Decision rationale:** The claimant has a remote history of a work injury occurring in February 2002 and was seen for an initial orthopedic evaluation on 06/17/15. He was having low back, left wrist, and bilateral knee pain. He had a history of bilateral knee surgery and lumbar spine surgery. Physical examination findings included muscle knee range of motion without bony deformity, erythema, or edema. There was medial and lateral joint line tenderness bilaterally. There was knee crepitus. The assessment references prior viscosupplementation injections resulting in a 50% decrease in knee pain. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement. A repeat series of injections can be considered if there is a documented significant improvement in symptoms for 6 months or more and the symptoms recur. In this case, the duration of pain relief from the previous injection series performed as well as when and which knee is not documented. There is no reported failure of conservative measures such as physical therapy or oral medications or of any cortisone injection procedure. Severe osteoarthritis is not documented based on physical examination findings and no x-ray results were reviewed when the request was made. The request is not medically necessary.