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|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0164174 |                              |            |
| <b>Date Assigned:</b> | 09/01/2015   | <b>Date of Injury:</b>       | 03/18/2007 |
| <b>Decision Date:</b> | 10/05/2015   | <b>UR Denial Date:</b>       | 08/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/21/2015 |

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 48 year old male, who sustained an industrial injury on 03-18-2007. On provider visit dated 07-22-2015 the injured worker has reported left hip and lower back pain, which was note to have increased since last visit. On examination, the lumbar spine was noted to have positive tenderness to palpation and uses a cane to assist with ambulation. Decreased range of motion and a positive left straight leg raise was noted. Right shoulder was noted as having a positive Neer's and a decreased range of motion. The diagnoses have included lower back pain, with left leg sciatica, head trauma, left hip ORIF, status post hernia repair and right shoulder impingement. Treatment to date has included medication. The provider requested Sodium Hyaluronate 100% #120 DOS: 8/4/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sodium Hyaluronate 100% #120 DOS: 8/4/15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.zhion.com/Hyaluronic\\_Acid.html](http://www.zhion.com/Hyaluronic_Acid.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate: Treatment of osteoarthritis resistant to initial pharmacologic therapy.

**Decision rationale:** Intraarticular hyaluronate injections are used in individuals with osteoarthritis of the knee who have not responded adequately to or tolerated acetaminophen or NSAIDs or received significant relief from intraarticular glucocorticoids, and in those who no longer respond to these medications. There is concern with the quality of clinical trials and modest level of benefit seen with these injections. In this injured worker, it is not supported that other medications or steroid injections have failed. The medical necessity of hyaluronate sodium is not substantiated in the records.