

<b>Case Number:</b>	CM15-0169570		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	06/20/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: North Carolina

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 is a 52-year-old male, who sustained an industrial injury on 6-20-2014. The mechanism of injury was not provided. The injured worker was diagnosed as having right medial meniscus tear and medial compartment degenerative disc disease. A recent progress report dated 7-1-2015, reported the injured worker complained of cortisol wearing off in the right knee. Physical examination revealed right medial joint line tenderness. Recent diagnostic studies were not provided. Treatment to date has included 3 left knee surgeries, physical therapy and medication management. On 7-1-2015, the Request for Authorization requested Hyalgan Injection for the left knee, 1 per week for three weeks. On 7-30-2015, the Utilization Review non-certified the Hyalgan Injection for the left knee, 1 per week for three weeks, citing ACOEM and Official Disability Guidelines, stating there is no documentation of significant findings of arthritic findings on the physical examination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hyalgan Injection for the left knee, 1 per week for three weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, 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) hyaluronic acid injections.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. Per the ODG section on leg and knee and hyaluronic acid injections, criteria for injections include patients who experience significantly symptomatic osteoarthritis without adequate response to conservative non-pharmacological and pharmacological treatments, documented symptomatic severe osteoarthritis of the knee, pain interferes with functional activities, failure to respond to aspiration and injection of intra-articular steroids, not candidates for total knee replacements and not indicated for any other indications. The patient does not have the diagnosis of osteoarthritis and therefore the request is not medically necessary.