

<b>Case Number:</b>	CM15-0185348		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	06/01/1999
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old female, who sustained an industrial injury on 6-1-1999. She reported a direct blow to the left knee and left ankle and subsequently developing pain in the right knee. Diagnoses include osteoarthritis of knee and pain in joint involving lower leg. Treatments to date include activity modification, medication therapy, physical therapy, cortisone joint injections, and Hyalgan injections. Currently, she complained of right knee pain with locking, clicking, and catching. On 8-31-15, the physical examination documented right knee effusion with a positive patella grind test and crepitus noted. There was decreased range of motion. McMurray's sign, Steinman's test, and Apley compression and distraction tests were all positive. X-ray of the right knee revealed medial compartment narrowing. The treating diagnoses included degenerative arthritis of the right knee. The provider documented that Hyalgan injection provided to the left knee were with positive results. The plan of care included Hyalgan injections to the right knee. The appeal requested authorization for a series of five (5) Hyalgan injections and one urine toxicology screen. The Utilization Review dated 9-15-15, denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hyalgan injections series of five:** 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 Chapter, 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 injured worker sustained a work related injury on 6-1-1999. The medical records provided indicate the diagnosis of osteoarthritis of knee and pain in joint involving lower leg. Treatments to date include activity modification, medication therapy, physical therapy, cortisone joint injections, and Hyalgan injections. The medical records provided for review do not indicate a medical necessity for Hyalgan injections series of five. The medical records indicate she suffers from severe osteoarthritis of both knees, as a result of which she had Hylan injection of the left knee in June and July 2015 with favorable results. However she has continued to experience pain in her right knee, and she is reported to have fallen in 2013 when the right knee gave out on her. Her Orthopedist is concerned that the knee will deteriorate further without intervention; therefore, the doctor is requesting for 5 series of Hyalgan to delay surgery. The MTUS is silent on this topic, but the Official Disability Guidelines recommends a series of 3-5 injections to delay surgery in cases of severe knee osteoarthritis. The ODG Criteria for Hyaluronic acid injection are as follows: Criteria for Hyaluronic acid injections: 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. (Wen, 2000) 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; see Repeat series of injections above. 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, metatarsophalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. The medical records indicate the focus of treatment had been on the left knee until recently when she was approved for evaluation of the right knee. The documents do not indicate she has had any treatments for the right knee since this approval was given. Therefore, there is no indication she has been had physical therapy or has failed to respond to aspiration and injection of intra-articular steroids. Therefore, while Hyaluronic injections may be eventually needed to delay surgery, the request does follow the guidelines recommendation to give this injection only after trial and failure of other measures as specified above.

**Urine Toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Urine drug testing (UDT).

**Decision rationale:** The injured worker sustained a work related injury on 6-1-1999. The medical records provided indicate the diagnosis of osteoarthritis of knee and pain in joint involving lower leg. Treatments to date include activity modification, medication therapy, physical therapy, cortisone joint injections, and Hyalgan injections. The medical records provided for review do not indicate a medical necessity for : Urine Toxicology screen. The medical records indicate the injured worker had a negative urine drug screen in 06/2015; the records do not indicate the medications the injured worker is currently taking, though it was stated she was in the past treated with Vicodin (an opioid), Ibuprofen and Naproxen (NSAIDs). The MTUS recommends testing drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The MTUS does not specify how often an individual is to be tested, but the Official Disability Guidelines recommends testing individuals based on risk assessment: to test those at low risk of addiction/aberrant behavior within six months of initiation of therapy and on a yearly basis thereafter. The requested procedure is not medically necessary because the documents reviewed did not provide any information indicating the injured worker is on controlled substance; the injured worker was tested in 06/2015, and the medical records do not indicate the worker is at high risk for addiction or aberrant behavior.