

<b>Case Number:</b>	CM15-0185684		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	11/29/1997
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/26/2015
<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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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 76 year old female, who sustained an industrial injury on 11-29-1997. She reported a history of trauma involving the lumbar spine, right knee, and right foot. Diagnoses include lumbar facet arthrosis, patellofemoral syndrome, meniscal tear, right ankle impingement syndrome and tarsal-metatarsal degenerative joint disease, and status post right knee arthroscopy in 2009. Treatments to date include activity modification, medication therapy, custom foot orthotics, and chiropractic therapy. Currently, she complained of ongoing right knee pain and weakness. She also complained of low back pain with right sciatica down right lower extremity. On 8-19-15, the physical examination documented decreased range of motion, medial lateral tenderness and stable ligaments. The X-rays, date unknown, revealed medial compartment narrowing and compartment irregularity of the right knee. The treating diagnoses included chondromalacia, internal derangement of the knee, osteoarthritis, and sciatica. The plan of care included chiropractic therapy for the low back and a therapeutic injection to the right knee. The appeal requested authorization for a Gel-One injection to the right knee. The Utilization Review dated 8-26-15, denied this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gel-one injection to the right knee Qty 1: 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 & Leg - Hyaluronic Acid injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain (Chronic), Hyaluronic acid injections.

**Decision rationale:** According to the official disability guidelines, hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for injured workers who have not responded adequately to recommended conservative treatments such as exercise, NSAIDs or acetaminophen after 3 months. Other criteria include, age over 50 years, pain that interferes with functional activities (ambulation, prolonged standing) and not attributed to other forms of joint disease, failure to respond to aspiration and injection of intra-articular steroids, 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. According to the documents available for review, the injured worker does not have a diagnosis of severe osteoarthritis. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.