

<b>Case Number:</b>	CM15-0194552		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	08/10/1995
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: California

Certification(s)/Specialty: Emergency 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 59 year old male with an industrial injury date of 08-10-1995. Medical record review indicates he is being treated for right hip osteoarthritis and right knee osteoarthritis. Subjective complaints (08-27-2015) included right hip pain located over the anterior hip with radiation diffusely. The pain was rated as 4 out of 5 in severity and was described as "constant" and every day in frequency. The pain was exacerbated with weight-bearing and activity and "is interfering with his activities of daily living." The treating physician indicated the previous hip Hyalgan injections provided "significant pain relief." Other complaints also included "persistent" right knee pain that "improved" with the previous Hyalgan injections. The pain had "returned" and was rated as 3 out of 5. The pain was described as "dull, diffuse and worse" with increased activity. "He has clicking, popping and some instability with the right knee." Work status is documented as retired. Prior treatments for the knee and hip included five Hyalgan injections into the right knee and right hip (series of 5) "provided mild to moderate pain relief (01-13-2015 note)." Physical exam (08-27-2015) noted antalgic gait. Range of motion is documented as flexion 90 degree, extension 0 degree, abduction 20 degree, adduction 10 degree, internal rotation 10 degree and external rotation 30 degree, all with pain. Sensation is documented as "normal throughout." Treatment administered on 08-27-2015 was Kenalog injection to right hip. The treatment plan included Hyalgan right knee injections with ultrasound times 5 and Hyalgan right hip injections with ultrasound times 5. On 09-12-2015 the following requests were non-certified by utilization review:-5 weekly Hyalgan Injections to the right knee with ultrasound guidance.-5 weekly Hyalgan Injections to the right hip with ultrasound guidance.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **5 weekly Hyalgan Injections to the right knee with ultrasound guidance: 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): Hyalgan (Hyaluronate) (2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Acid injections.

**Decision rationale:** The MTUS Chronic pain or ACOEM guidelines do not adequately have any specific sections that deal with this topic. Official Disability Guidelines (ODG) recommend it as an option in osteoarthritis in situations where conservative treatment has failed to manage the pain and to delay total knee replacement. The benefits are transient and moderate at best. It is recommended for severe arthritis and to prevent surgery such as total knee replacement. This request fails criteria. There is no objective documentation of improvement from prior injection, just a vague statement of "mild to moderate" relief in pain. The request is not medically necessary.

### **5 weekly Hyalgan Injections to the right hip with ultrasound guidance: 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): Hyalgan (Hyaluronate) (2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis: Viscosupplementation.

**Decision rationale:** The MTUS Chronic pain or ACOEM guidelines do not adequately have any specific sections that deal with this topic. Official Disability Guidelines(ODG) recommend it as an option in osteoarthritis in situations where conservative treatment has failed to manage the pain and to delay hip replacement. However, evidence to support injection is very poor with some studies showing no better than placebo. Prior injection done on 11/14 reportedly produced "significant" improvement but there is no documentation of objective improvement in pain or functional status besides a vague statement of "significant." The request is not medically necessary.

