

<b>Case Number:</b>	CM15-0202466		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: 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:

This is a 48-year-old female with a date of industrial injury 3-8-2011. The medical records indicated the injured worker (IW) was treated for osteoarthritis of the bilateral knees. In the progress notes (9-9-15), the IW reported marked bilateral knee pain and weakness with locking, grinding and catching. On examination (9-9-15 notes), portal incisions on the bilateral knees were well-healed. There was moderate intra-articular effusion about both knees. Palpation over the medial joint lines elicited pain in both knees. Patellar tracking was smooth with flexion and extension of the knees. Patellar grind test was positive bilaterally. Range of motion was full, sensation was intact and motor strength, reflexes and circulation were normal bilaterally. McMurray's sign and Apley compression and distraction tests were positive bilaterally. Treatments included arthroscopic knee surgeries, physical therapy, Tramadol and Naprosyn. X-rays of the bilateral knees showed advanced medial compartment osteoarthritis, according to the provider's notes. The IW was released to work on modified duty. There was no documentation of previous aspiration and-or steroid injection in the knees and no imaging reports were submitted. A Request for Authorization was received for Hyalgan injections to the right knee, series of 5 injections using ultrasound guidance and Hyalgan injections to the left knee, series of 5 injections using ultrasound guidance. The Utilization Review on 9-29-15 non-certified the request for Hyalgan injections to the right knee, series of 5 injections using ultrasound guidance and Hyalgan injections to the left knee, series of 5 injections using ultrasound guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hyalgan injections to the right knee, series of 5: 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 Official Disability Guidelines (ODG) Knee and Leg, hyaluronic injections.

**Decision rationale:** This patient receives treatment for chronic pain involving both knees. This relates back to an industrial claim dated 03/08/2011. The patient's current diagnoses include osteoarthritis of the medial portions of both knees with chondral and meniscus changes and symptoms greater in the L knee. On exam there is an antalgic gait, crepitus and grinding anteriorly and limited ROM in flexion and extension on the L knee. There is no recent knee x-ray report in the documentation. The patient exhibits difficulty with squatting and pain with movement of the L knee on exam. There was grinding of the patella's and tenderness to palpation of the medial joint lines. The knee MRI on the L knee shows thickening of the cruciate ligaments and scarring of the collateral ligaments, consistent with chronic changes. The patient underwent arthroscopic surgeries related to meniscus disease. Treatments include physical therapy, tramadol, and naproxen. This review addresses a request for Hyalgan injections to the R knee, series of 5. According to the ODG guidelines, state the hyaluronic acid injections of the knee may be indicated for patients with documented severe osteoarthritis of the knee who failed to respond to conservative therapy and intraarticular steroid injections, neither are clearly documented in the notes provided. Additional criteria include lack of response to exercise, acetaminophen, or inability to benefit or tolerate NSAIDs. Based on the documentation Hyalgan injections to the R knee, series of 5 are not medically necessary.

**Ultrasound guidance (for Hyalgan injections to the right knee, series of 5): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient receives treatment for chronic pain involving both knees. This relates back to an industrial claim dated 03/08/2011. The patient's current diagnoses include osteoarthritis of the medial portions of both knees with chondral and meniscus changes and symptoms greater in the L knee. On exam there is an antalgic gait, crepitus and grinding anteriorly and limited ROM in flexion and extension on the L knee. There is no recent knee x-ray report in the documentation. The patient exhibits difficulty with squatting and pain with movement of the L knee on exam. There was grinding of the patella's and tenderness to palpation

of the medial joint lines. The knee MRI on the L knee shows thickening of the cruciate ligaments and scarring of the collateral ligaments, consistent with chronic changes. The patient underwent arthroscopic surgeries related to meniscus disease. Treatments include physical therapy, tramadol, and naproxen. This review addresses a request for ultrasound guidance for Hyalgan R knee injections. According to the ODG guidelines, state the hyaluronic acid injections of the knee may be indicated for patients with documented severe osteoarthritis of the knee who failed to respond to conservative therapy and intraarticular steroid injections, neither are clearly documented in the notes provided. Additional criteria include lack of response to exercise, acetaminophen, or inability to benefit or tolerate NSAIDs. The guidelines address the role of ultrasound guidance for hyaluronic acid injections and do not recommend this. Based on the documentation and ODG guidelines ultrasound guidance for Hyalgan knee injections is not medically necessary.

**Hyalgan injections to the left knee, series of 5: 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 Official Disability Guidelines (ODG) Knee and Leg, hyaluronic injections.

**Decision rationale:** This patient receives treatment for chronic pain involving both knees. This relates back to an industrial claim dated 03/08/2011. The patient's current diagnoses include osteoarthritis of the medial portions of both knees with chondral and meniscus changes and symptoms greater in the L knee. On exam there is an antalgic gait, crepitus and grinding anteriorly and limited ROM in flexion and extension on the L knee. There is no recent knee x-ray report in the documentation. The patient exhibits difficulty with squatting and pain with movement of the L knee on exam. There was grinding of the patella's and tenderness to palpation of the medial joint lines. The knee MRI on the L knee shows thickening of the cruciate ligaments and scarring of the collateral ligaments, consistent with chronic changes. The patient underwent arthroscopic surgeries related to meniscus disease. Treatments include physical therapy, tramadol, and naproxen. This review addresses a request for Hyalgan injections to the L knee, series of 5. According to the ODG guidelines, state the hyaluronic acid injections of the knee may be indicated for patients with documented severe osteoarthritis of the knee who failed to respond to conservative therapy and intraarticular steroid injections, neither are clearly documented in the notes provided. Additional criteria include lack of response to exercise, acetaminophen, or inability to benefit or tolerate NSAIDs. Based on the documentation Hyalgan injections to the L knee, series of 5 are not medically necessary.

**Ultrasound guidance (for Hyalgan injections to the right knee, series of 5): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient receives treatment for chronic pain involving both knees. This relates back to an industrial claim dated 03/08/2011. The patient's current diagnoses include osteoarthritis of the medial portions of both knees with chondral and meniscus changes and symptoms greater in the L knee. On exam there is an antalgic gait, crepitus and grinding anteriorly and limited ROM in flexion and extension on the L knee. There is no recent knee x-ray report in the documentation. The patient exhibits difficulty with squatting and pain with movement of the L knee on exam. There was grinding of the patella's and tenderness to palpation of the medial joint lines. The knee MRI on the L knee shows thickening of the cruciate ligaments and scarring of the collateral ligaments, consistent with chronic changes. The patient underwent arthroscopic surgeries related to meniscus disease. Treatments include physical therapy, tramadol, and naproxen. This review addresses a request for ultrasound guidance for Hyalgan injections of the R knee. According to the ODG guidelines, state the hyaluronic acid injections of the knee may be indicated for patients with documented severe osteoarthritis of the knee who failed to respond to conservative therapy and intraarticular steroid injections, neither are clearly documented in the notes provided. Additional criteria include lack of response to exercise, acetaminophen, or inability to benefit or tolerate NSAIDs. The guidelines address the role of ultrasound guidance for hyaluronic acid injections and do not recommend this. Based on the documentation and ODG guidelines ultrasound guidance for Hyalgan injections of the R knee is not medically necessary.