

<b>Case Number:</b>	CM15-0024001		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	06/19/2012
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Physical Medicine & Rehabilitation

### 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 38 year old female, who sustained an industrial injury on 6/19/2012. The diagnoses have included knee/leg sprain and patella chondromalacia. Treatment to date has included medications, physical therapy, cortisone injection (x2), viscosupplementation injections and knee arthroscopy (2/01/2013) and postoperative physical therapy. Currently, the IW reported a flare. Objective findings included a swollen knee without joint effusion and a tender patella to distraction in the groove during motion. On 1/29/2015, Utilization Review non-certified a request for hyaluronic acid preparation injection noting that the clinical findings do not support the medical necessity of the treatment, particularly the lack of documented improvement with prior injections. The ODG was cited. On 2/09/2015, the injured worker submitted an application for IMR for review of drain/inject joint/bursa.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hyaluronic acid preparation injection of MD choice to right knee: 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), Treatment Index, 13th Edition (web), 2015, Knee & 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 chapter 'Knee & Leg (Acute & Chronic)' state Hyaluronic acid injections.

**Decision rationale:** The patient presents with a swollen right knee without joint effusion and a tender patella to distraction in the groove during motion. The request is for HYALURONIC ACID PREPARATION INJECTION OF MD CHOICE TO RIGHT KNEE. The RFA is not provided. MRI of 07/16/12 showed chondromalacia patella and peripatellar bursitis. Patient diagnosis included knee/leg sprain and patella chondromalacia. Treatments to date included medications, physical therapy, cortisone injection (x2), visco supplementation injections and knee arthroscopy on 02/01/13 and postoperative physical therapy. The patient is to return to full duty. MTUS is silent on Euflexxa injections. ODG guidelines, chapter 'Knee & Leg (Acute & Chronic)' state Hyaluronic acid injections are, "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best." ODG further states that This study assessing the efficacy of intra-articular injections of hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found that results were similar and were not statistically significant between treatment groups, but HA was somewhat superior to placebo in improving knee pain and function, with no difference between 3 or 6 consecutive injections. In this case, patient has been diagnosed with patella chondromalacia and has undergone knee arthroscopy on 02/01/13. Although there is documentation of failed conservative care that the patient has received in the past, none of the available medical reports discuss a diagnosis of osteoarthritis. Guidelines allow for hyaluronate injections only for patients with severe osteoarthritis who have not responded adequately to recommended conservative treatments. The request is also not recommended for chondromalacia, which this patient is reportedly suffering from and not from severe osteoarthritis. The request does not appear to be in accordance with the guidelines. Therefore, this request IS NOT medically necessary.