

<b>Case Number:</b>	CM15-0031398		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	10/20/2008
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 47-year-old male, who sustained an industrial injury on October 20, 2008. The injured worker has reported shoulder and knee pain. The diagnoses have included traumatic arthropathy of the shoulder and patellar tendonitis. Treatment to date has included pain medication, diagnostic testing and a psychological evaluation. Current documentation dated February 4, 2015 notes that the injured worker complained of increased left knee pain and pain with grinding of the right knee. He also complained of a right shoulder popping and pain. Physical examination of the right shoulder revealed tenderness of the acromioclavicular joint, normal range of motion and a positive belly-press test and O'Brien's test. Examination of the right knee revealed tenderness to palpation over the patella and quadriceps tendon. Examination of the left knee evaluated tenderness to palpation, restricted range of motion, +1 effusion of the left knee joint and a positive Apply's compression test and McMurry test. Crepitus was noted on range of motion. On February 16, 2015 Utilization Review non-certified a request for a series of three Hyaluronic Acid injections for the right knee and a series of three Hyaluronic Acid injections for the left knee. The Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Series of 3 Hyaluronic Acid Injections for the 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-352. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections.

**Decision rationale:** MTUS is silent regarding the use of ultrasound guided Hyaluronic acid injections. While ACOEM guidelines do not specifically mention guidelines for usage of such injections, it does state that "Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection." ODG recommends as guideline for Hyaluronic acid injections. "Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (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. "The medical records fail to document if the patient was unsuccessful with other treatment nonpharmacologic (such as physical therapy for left knee) or pharmacologic modalities (medications) after at least 3 months." The records fail to demonstrate the indications above. As such, the request for 1 Series of 3 Hyaluronic Acid Injections for Right Knee is not medically necessary.

### **1 Series of 3 Hyaluronic Acid Injections for the Left Knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-352. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections.

**Decision rationale:** MTUS is silent regarding the use of ultrasound guided Hyaluronic acid injections. While ACOEM guidelines do not specifically mention guidelines for usage of such injections, it does state that "Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection." ODG recommends as guideline for Hyaluronic acid injections. "Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (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; "The medical records fail to document if the patient was unsuccessful with other treatment nonpharmacologic (such as physical therapy for left knee) or pharmacologic modalities (medications) after at least 3 months." The records fail to demonstrate the indications above. As such, the request for 1 Series of 3 Hyaluronic Acid Injections for Left Knee is not medically necessary.