

<b>Case Number:</b>	CM15-0049411		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 (IW) is a 58 year old female who sustained an industrial injury on 09/10/2013. She reported pain in the left knee, back and left shoulder. The injured worker was diagnosed as having knee pain, and lumbago. Treatment to date has included treatment with a pain specialist, non-steroidal anti-inflammatory medications, pain medications, rest, home exercise, ice to the knee, and heat applications. Currently, the injured worker complains of left knee and shoulder pain. The plan for the knee pain is to have a hyalgan injection. A request for authorization is made for an Outpatient ultrasound guided hyalgan injection to left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient ultrasound guided hyalgan injection to left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and leg Chapter, hyaluronic acid injections.

**Decision rationale:** Based on the 1/27/15 progress report provided by the treating physician, this patient presents with left knee pain and left shoulder pain radiating into the arm, with pain rated 7-8/10 on VAS scale. The treater has asked for OUTPATIENT ULTRASOUND GUIDED HYALGAN INJECTION TO LEFT KNEE on 1/27/15. The patient's diagnosis per Request for Authorization form dated 1/27/15 is knee pain. The patient "will start left ultrasound guided Hyalgan injections x 5 weeks" per 1/27/15 report. The patient had 2 prior knee surgeries of an unspecified type, as well as unspecified dates per 9/26/14 report. The patient has not had prior Hyalgan injections per review of reports dated 7/8/14 to 3/3/15. The patient has completed a course of physical therapy with unspecified quantity of sessions, and currently does a home exercise program as well as cryotherapy and heat treatments at home per 8/12/14 report. The patient's work status is "return to modified work on 1/27/15." ODG Knee & Leg (Acute & Chronic) guidelines 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." This case, there is no documentation of a knee MRI. There is no evidence of prior injections. The patient has a diagnosis of osteoarthritis and she has failed conservative therapy. However, other ODG criteria are not documented including documented symptomatic severe arthritis including bony tenderness, crepitus and less than 30 minutes morning stiffness, and failure to respond to aspiration and injection of intra-articular steroids. A physical exam on 1/27/15 only showed positive medial/lateral joint line tenderness, but no other deficits noted. The 8/12/14 report states: "[left] knee is stable without locking. No meniscal crepitus present." Furthermore, ODG does not support the use of U/S for knee injections. As the patient does not exhibit signs of severe osteoarthritis of the left knee, the request for a Hyalgan injection IS NOT medically necessary.