MAXIMUS Federal Services

| Case Number: | CM15-0052944 | | |
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| Date Assigned: | 03/26/2015 | Date of Injury: | 02/23/2007 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/03/2015 |
| Priority: | Standard | Application Received: | 03/20/2015 |

## 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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 46-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of February 23, 2007. In a Utilization Review report dated March 3, 2015, the claims administrator failed to approve a request for Hyalgan (viscosupplementation) injections. An RFA form received on February 26, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten RFA form dated February 26, 2015, five viscosupplementation injections were sought. Little-to-no narrative commentary was attached. In a handwritten note dated January 19, 2015, the applicant reported ongoing complaints of bilateral knee pain with associated swelling. A 25-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place. On March 15, 2014, the applicant underwent lateral meniscectomies, microfracture, and chondroplasty procedure. Severe chondromalacia of the lateral tibial plateau was appreciated. Degenerative changes were noted in various regions, including in the patellofemoral joint. Remainder of the file was surveyed. There was no evidence that the applicant had had previous viscosupplementation injections.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hyalgen 10 mg/ml intra-articular injection x5, with syringe x5:** Overturned

**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 ACOEM V.3 > Knee > Specific Diagnoses > Knee Pain and Osteoarthrosis > InjectionsRecommendation: Intra-articular Knee Viscosupplementation Injections for Moderate to Severe Knee Osteoarthrosis Intra-articular knee viscosupplementation injections are recommended for treatment of moderate to severe knee osteoarthrosis. Indications Knee pain from osteoarthrosis that is unsatisfactorily controlled with NSAID(s), acetaminophen, weight loss, or exercise strategies.

**Decision rationale:** Yes, the request for Hyalgan (viscosupplementation) injections was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines knee chapter does acknowledge that viscosupplementation injections are recommended in the treatment of moderate-to-severe knee osteoarthrosis. Here, the applicant does have ongoing knee pain complaints which do appear to be a function of knee arthritis status post earlier failed meniscectomy surgery. An operative report of March 13, 2014 suggested that the applicant had findings suggestive of chondromalacia, degeneration, meniscal derangement, and various other findings suggestive of knee arthritis. Time, medications, physical therapy, and earlier surgical intervention were, in fact, unsuccessful. There was no evidence on file to support the proposition that the applicant had had previous Hyalgan injections. Moving forward with viscosupplementation (Hyalgan) injection therapy was, thus, indicated. Therefore, the request was medically necessary.