

<b>Case Number:</b>	CM15-0085114		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	08/24/2012
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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, Pain Management

### 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 60 year old male, who sustained an industrial injury on 8/24/2012. The mechanism of injury is unknown. The injured worker was diagnosed as status post right knee meniscectomy and chondroplasty, discogenic lumbar condition, lumbar sprain/strain and right knee sprain/strain. Lumbar magnetic resonance imaging showed multiple disc disease treatment to date has included surgery, home exercises, knee brace, physical therapy and medication management. In a progress note dated 3/31/2015, the injured worker complains of low back pain with shooting pain from the buttock in the right side to the knee. The treating physician is requesting a Hyalgan injection x5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hyalgen Injection, #5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The 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 Chapter, Hyaluronic acid injections.

**Decision rationale:** Regarding the request for viscosupplementation, neither the CA MTUS nor the ACOEM Practice Guidelines provide guidelines regarding the use of hyaluronic acid injections. The ODG state that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. Within the documentation available for review, there are x-rays which document medial joint space narrowing indicative of osteoarthritis. However, there is no documentation of a failed steroid intra-articular injections as suggested by ODG criteria. The fact that the patient has diabetes is not a contraindication to steroid injections. As such, the current request is not medically necessary.