

<b>Case Number:</b>	CM14-0092586		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/12/2010
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 52-year-old female who was reportedly injured on October 12, 2010. The mechanism of injury is noted as a cumulative injury from repetitive work. The most recent progress note dated July 8, 2014, indicates that there are ongoing complaints of bilateral knee pain. The physical examination demonstrated range of motion from -2 to 105. There was crepitus with range of motion and medial joint line pain. Diagnostic imaging studies of the right show severe medial joint space narrowing and a moderate patellofemoral joint space narrowing with osteophytes. Previous treatment includes steroid injections, oral medications and knee sleeves. A request was made for a Hyalgan injection for the left knee and was not certified in the pre-authorization process.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hyalgan Injection left knee qty 5.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Knee Disorders - Knee Pain and Osteoarthritis: Clinical Measures, Injection Therapy (electronically sited).

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines support viscosupplementation injections for chronic moderate to severe knee osteoarthritis that has been nonresponsive to noninvasive treatments. An x-ray of the right knee reveals severe arthritis of the medial compartment however there are no recent films of the left knee that indicate the presence of moderate to severe osteoarthritis. As such, this request for a series of five Hyalgan injections for the left knee is not medically necessary.