

<b>Case Number:</b>	CM15-0015322		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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 is a 58-year-old female, who sustained an industrial injury on 07/16/2013. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, injections, conservative therapies, x-rays, MRIs, electrodiagnostic testing, and right wrist surgery (02/2014). Currently, the injured worker complains of right wrist pain and weakness, and left knee pain with instability and mild swelling. It was noted that the injured worker had received previous injections to the left knee in 2013 without indication of results or outcome of those injections. The diagnoses include right wrist carpal tunnel syndrome and left knee chondromalacia with osteoarthritis. The treatment plan consisted of a series of 3 Hyaluronic acid injections to the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of 3 Hyaluronic Acid injections to left 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), Knee and Leg Chapter.

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

**Decision rationale:** The patient presents on 12/22/14 with unrated left knee pain, primarily in the anterior portion of the knee and generally associated with physical activity. The patient's date of injury is 07/16/13. Patient is status post corticosteroid injections to the left knee in 2013. The request is for Series of Hyaluronic Acid Injections to left knee. The RFA is dated 01/06/15. Physical examination dated 12/22/14 reveals tenderness to palpation laterally and medially along the patellofemoral joint facet with slight lateral tracking and full range of motion of the joint. The patient's current medication regimen was not provided. Diagnostic imaging included MRI of the left knee dated 11/01/13, significant findings include: "Grade 2-3 chondromalacia patella involving the lateral patellar facet with mild subchondral cystic change. Small knee joint effusion with mild synovitis. Small popliteal cyst." Patient is currently not working. ODG Guidelines, Knee & Leg Chapter states: "Hyaluronic acid injections - 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. Criteria for Hyaluronic acid injections: Generally performed without fluoroscopic or ultrasound guidance; Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome, plantar nerve entrapment syndrome, or for use in joints other than the knee." In regard to the request for a Hyaluronic acid injection to the patient's left knee, the patient does not meet guideline recommendations. The provided documentation indicates that this patient has failed conservative treatments such as NSAIDS and physical therapy. However, progress note dated 12/22/14 provides a diagnosis of chondromalacia patella (with osteoarthritis), for which Hyaluronic acid injections are not indicted. This diagnosis is substantiated by left knee MRI dated 11/01/13, which does not specifically describe osteoarthritis, but does describe a grade 2-3 chondromalacia patella. Given a lack of guideline support for this patient's primary diagnosis, the medical necessity of Hyaluronic acid injections cannot be substantiated. The request is not medically necessary.