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| <b>Case Number:</b>   | CM15-0018100 |                              |            |
| <b>Date Assigned:</b> | 02/05/2015   | <b>Date of Injury:</b>       | 02/05/2013 |
| <b>Decision Date:</b> | 03/25/2015   | <b>UR Denial Date:</b>       | 01/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/29/2015 |

### 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 66 year old male who sustained an industrial related injury on 2/5/13 after a metal clamp struck his knee. The injured worker had complaints of left knee pain that radiated to the entire left lower extremity with associated numbness. Diagnoses included left knee arthritis, medial meniscus tear, chondral defect medial femoral condyle, lateral meniscus tear, grade IV extensive chondromalacia over the medial femoral condyle and Baker's cyst. Treatment included more than 24 physical therapy sessions, arthroscopic surgery on 7/30/13, and 5 cortisone injections. Medications included Tylenol, Celebrex, and Naproxen. The treating physician requested authorization for 3 weekly Hyalgan injections for the left knee. Prior Hyalgan injections "helped improve his symptoms to a degree." On 1/20/15 the request was non-certified. The utilization review physician cited the Official Disability Guidelines and noted there was no documentation of improvement in pain levels or function within the six months following previous injections. Therefore the request is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 weekly Hyalgan injections to the 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 & Leg (Acute & Chronic), Hyalgan injections

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

**Decision rationale:** Regarding the request for Hyalgan injection, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Guidelines go on to state that the injections are generally performed without fluoroscopic or ultrasound guidance. ODG states that if there is significant improvement in symptoms for 6 months or more, and symptoms recur, it may be reasonable to do another series. Within the documentation available for review, the provider noted that prior injections helped improve his symptoms to a degree, but there is no clear indication of significant improvement for at least 6 months from the prior Hyalgan injections. In the absence of such documentation, the currently requested Hyalgan injections are not medically necessary.