

<b>Case Number:</b>	CM15-0119172		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	05/11/2013
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 53-year-old female, who sustained an industrial injury on 5/11/2013. She reported a twisting injury involving bilateral knees. Diagnoses include medical meniscus tear, questionable radial tear of the left knee post surgery, and osteoarthritis. She is status post left knee arthroscopy and right knee arthroscopy in 2013. Treatments to date include activity modification, anti-inflammatory medication, and steroid joint injections. Currently, she complained of bilateral knee pain associated with grinding, catching and instability. On 5/4/15, the physical examination documented effusion, crepitus, and positive McMurray's sign, Steinmans's test and Apley compression tests bilaterally. The treating diagnoses included medial compartment osteoarthritis of bilateral knees. The plan of care included ten (10) series of Hyalgan injection for bilateral knee (five per knee) between 5/28/15 and 7/12/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 series of Hyalgan Injection for the Bilateral Knees (5 per 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 Treatment for Workers' Compensation, Online Edition.

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

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states hyaluronic acid injections are indicated in the treatment of moderate to severe osteoarthritis of the knee when conservative treatment has failed. However, the request is for a series of 10, which is in excess of the amount of recommended injections without objective measurable improvements. Therefore, the request is not medically necessary.