

<b>Case Number:</b>	CM15-0121813		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	01/04/2005
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 54-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 14, 2005. In a Utilization Review report dated June 8, 2015, the claims administrator failed to approve a request for Hyalgan (viscosupplementation) injections to the left knee. The claims administrator referenced a progress note dated June 1, 2015 and an associated RFA form of June 4, 2015 in its determination. The claims administrator referenced a recent knee MRI demonstrating multi-compartmental degenerative changes, cartilaginous thinning, osteophyte formation, and knee joint synovitis in its determination. The applicant had undergone earlier failed knee surgery on February 22, 2015, it was acknowledged. The claims administrator suggested in one section of its rationale that the applicant had had previous injections and had failed to profit from the same. In another section of the note, the claims administrator stated that the applicant had not had previous Hyalgan (viscosupplementation) injections but had, rather, had corticosteroid injections. The applicant's attorney subsequently appealed. In an RFA form dated June 8, 2015, the attending provider sought authorization for viscosupplementation (Hyalgan) injections. In an associated progress note of June 1, 2015, the applicant reported ongoing complaints of knee. The attending provider stated that the applicant had relatively advanced knee arthritis, with grade 3 to grade 4 multi-compartmental chondromalacia appreciated. The applicant was trying to lose weight, it was acknowledged. The applicant had lost some 17 pounds recently, it was stated. Viscosupplementation injection therapy was sought on the grounds that the applicant had benefitted from the same. The attending provider stated that the applicant's previous

viscosupplementation injections had ameliorated his gait and deferred the need for a total knee arthroplasty.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Hyalgan injections (left knee) (1x5): Overturned**

**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 (ODG-TWC) Knee and Leg Procedure Summary Online Version last updated 05/05/2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 687.

**Decision rationale:** Yes, the request for Hyalgan (viscosupplementation) injections was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Knee Chapter notes that viscosupplementation (Hyalgan) injections are recommended in the treatment of moderate-to-severe knee osteoarthritis. Here, the applicant was described as having advanced grade 3 to grade 4 multi-compartmental chondromalacia. The applicant did, thus, have relatively advanced knee arthritis. The attending provider stated that previous viscosupplementation injections had proven beneficial and had, in his mind, deferred the applicant's need for a total knee arthroplasty. Moving forward with the Hyalgan (viscosupplementation) injections at issue, thus, was indicated. Therefore, the request was medically necessary.