

<b>Case Number:</b>	CM15-0128731		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	05/24/2014
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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 48 year old female who sustained an industrial injury on May 24, 2014. She has reported injury to the left knee and has been diagnosed with knee degenerative joint disease. Treatment has included physical therapy, medications, modified work duty, medical imaging, surgery, and injection. She is status post left knee scope on September 25, 2014. She reports no change in pain. She was having pain while walking. The left lower extremity had plus 2 swelling, an analgic gait, and valgus deformity. There was tenderness to palpation of the medial joint line and lateral joint line. There was positive crepitus. The treatment request included left knee hyalrgan injection x 3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee Hyalrgan injection, quantity: 3: Overturned**

**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, Criteria for Hyaluronic acid injections.

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

**Decision rationale:** The California MTUS and ACOEM do not specifically address the requested service. The ODG states that hyaluronic acid injections are indicated in the treatment of osteoarthritis of the knee that has failed conservative therapy. The patient has the diagnosis of degenerative joint disease of the knee and has failed aggressive conservative therapy. Therefore the request is medically necessary.