

<b>Case Number:</b>	CM15-0067593		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	06/24/2011
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 67-year-old female, who sustained an industrial injury on June 24, 2011. She reported feeling a sliding sensation in her right knee with progressive worsening of symptoms. The injured worker was diagnosed as having a right knee lateral meniscus tear, status post repair of a right knee lateral meniscus tear in 2011, and right knee degenerative joint disease. Diagnostic studies to date have included an MRI and x-rays. Treatment to date has included work modifications, postoperative physical therapy, home exercise program, a knee immobilizer pre-operatively, viscosupplementation injections, ice/heat, and medications including non-steroidal anti-inflammatory and opioid. On March 6, 2015, the injured worker complains of aching and stabbing right knee pain. Her pain level was rated 8/10. Her pain improved with rest and worsened with prolonged repetitive use, prolonged walking and standing, and change in the weather. Her work status was described as permanent and stationary. The physical exam revealed the right knee range of motion was 0-120 degrees, a trace of knee effusion, and tenderness of the anterior and lateral joint lines. The sensory, motor strength, and deep tendon reflexes exams were intact. The treatment plan includes a repeat series of 5 Hyalgan injections under ultrasound guidance for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of 5 Hyalgan Injections under the Right Knee under Ultrasound Guidance: 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, Hyalgan.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Extremity Complaints: Viscosupplementation.

**Decision rationale:** According to the medical records, the request was made for guidance of Hyaluronidase in to the knee. The ODG states Hyaluronic acid injections are recommended as an option for osteoarthritis. Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. Criteria for Hyaluronic acid or Hylan are a series of three to five intra-articular injections of Hyaluronic acid (or just three injections of Hylan) in the target knee with an interval of one week between injections. Indicated for patients who 1) experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (gastrointestinal problems related to anti-inflammatory medications). 2) Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement. 3) Younger patients wanting to delay total knee replacement. 4) Repeat series of injections: if relief for 6-9 month and symptoms recur, may be reasonable to do another series. Recommend no more than 3 series of injections over a 5-year period, because effectiveness may decline, this is not a cure for arthritis, but only provides comfort and functional improvement to temporarily avoid knee replacement. According to the medical records, the patient had previous viscosupplementation without documentation of benefit; therefore, the requested service is not medically necessary.