

<b>Case Number:</b>	CM15-0073135		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	12/10/2011
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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, California  
 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:

This is a 58 year old female patient who sustained an industrial injury on 12/10/11. The diagnoses include left knee pain, left knee osteoarthritis, lumbar spine strain with mechanical discogenic low back pain, right L5 radiculopathy, and L4-5 right paracentral disc protrusion. Per the doctor's note dated 4/6/2015, she had complaints of low back pain with radiation to the right lower extremity. Physical examination of the left knee revealed range of motion- flexion 120 and extension 0 degrees; tenderness over the medial and lateral joint line, swelling and crepitus; lumbar spine- tenderness; flexion 80, extension 20 and bilateral flexion 30 degrees. The medications list includes celebrex, carisloprodol and flector patches. She has had lumbar MRI on 6/18/2014 and 3/26/2015; left knee X-rays on 3/3/2015. Knee X-ray reports were not specified in the records provided. She has had physical therapy; acupuncture and chiropractic care for this injury. She has had hyalgan injection in 7/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hyalgan injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 05/05/15) Hyaluronic acid injections.

**Decision rationale:** Hyalgan injection. ACOEM and CA MTUS do not address this request. Per the ODG Guidelines "Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids." Diagnostic reports of the left knee demonstrating severe osteoarthritis is not specified in the records provided. Response to previous conservative/non operative therapy for the knee is not specified in the records provided. Any intolerance or lack of response to standard oral pharmacologic treatment ( NSAIDS) is not specified in the records provided. Hyalgan injection is not medically necessary in this patient at this time.