

<b>Case Number:</b>	CM15-0093251		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	12/13/2010
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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:

The injured worker is a 53 year old female, who sustained an industrial injury on December 13, 2010, incurring left knee injuries from a twisting action. She was diagnosed with a left meniscus tear and chondromalacia of the patella. She underwent a left knee partial meniscectomy in 2011, and a left knee orthoscopic debridement in 2013. Treatment included anti-inflammatory drugs, pain medications, antidepressants, physical therapy, surgical interventions and work restrictions with modifications. Currently on 3/11/15, the injured worker complained of persistent daily left knee pain with swelling, stiffness, and tenderness. The physical examination of the left knee revealed 5/5 strength, positive patellar apprehension test and Mc Murray's test and had discomfort in walking and standing. The knee pain was increased with weight bearing activity, but improved with rest, elevation, medications and injections. Patient has received an unspecified number of PT visits for this injury. The patient has had X-ray of the left knee that revealed moderate early osteoarthritis. The medication list includes Celebrex, Norco, Zolpidem and Pristiq. The treatment plan that was requested for authorization included Hyalgan Supartz Viscoelastic injections to the left knee. Patient had received Hyalgan Supartz Viscoelastic Injections in left knee for this injury

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hyalgan Supartz Viscoelastic Injections 1x5 left 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.

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

**Decision rationale:** Request: Hyalgan Supartz Viscoelastic Injections 1x5 left knee. California Medical Treatment Utilization Schedule (CA MTUS) Chronic Pain guidelines and American College of Occupational and Environmental Medicine (ACOEM), Occupational Medicine Practice Guidelines, 2nd Edition, does not address this request. Therefore, ODG guidelines are used. Per the ODG Guidelines, Hyaluronic acid or Hylan injection (Synvisc injection) are recommended in patients who, experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications); Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement; Younger patients wanting to delay total knee replacement. Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The records provided did not specify response to standard non-pharmacologic and pharmacologic treatments. Any evidence of intolerance to standard non pharmacologic and pharmacologic treatments (e.g., gastrointestinal problems related to anti-inflammatory medications) was not specified in the records provided. Patient had received Hyalgan Supartz Viscoelastic Injections in left knee for this injury. The detailed response of the previous Hyalgan Supartz Viscoelastic Injections in left knee was not specified in the records provided. Any procedure note of the Hyalgan Supartz Viscoelastic Injections in left knee was not specified in the records provided. The rationale for repeating Hyalgan Supartz Viscoelastic Injections in left knee was not specified in the records provided. The medical necessity of the request for Hyalgan Supartz Viscoelastic Injections 1x5 left knee is not medically necessary in this patient.