

<b>Case Number:</b>	CM15-0093414		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	03/28/2014
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/29/2015
<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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This 56-year-old woman sustained an industrial injury on 3/28/2014. The mechanism of injury is not detailed. Diagnoses include degenerative joint disease of the knee and osteoarthritis. Treatment has included oral medications, physical therapy, and surgical intervention. Physician notes dated 4/22/2015 show complaints of pain and stiffness of the right knee. Recommendations include Hyaluronic injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of 3-5 Hyaluronic Acid Injections to the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, series of 3-5 hyaluronic acid injections to the right knee is not medically necessary. Hyaluronic acid injections are

recommended as a possible option for severe osteoarthritis for patients with not responded adequately to recommended conservative treatments (exercise, nonsteroidal anti-inflammatory drugs or Tylenol to potentially delay the replacement. The criteria for hyaluronic acid injections include, but are not limited to, patients experience significant symptomatic osteoarthritis but have not responded adequately to conservative pharmacologic and nonpharmacologic treatment; documented objective (and symptomatic) severe osteoarthritis of the knee that may include bony enlargement, bony tenderness over the age of 50; pain interferes with functional activities; failure to adequately respond to aspiration and injection of intra-articular steroids; generally performed without fluoroscopy ultrasound; are not candidates for total knee replacement or failed previous knee surgery from arthritis repeat series of injections-if documented significant improvement for six months or more it may be reasonable to perform another series. Hyaluronic acid is not recommended for other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis desiccans, patellofemoral arthritis, patellofemoral syndrome, etc. In this case, the injured worker's working diagnoses are DJD; status post total knee arthroplasty; status post arthroscopy with partial medial meniscectomy and chondroplasty in January 27, 2015. The injured worker has been receiving physical therapy but states the knee is not improving. Objectively, range of motion lacks 10 of flexion, there is no instability, strength is improving, sensation is intact and patellar tendon reflexes are normal. The documentation indicates the injured worker was diagnosed with osteoarthritis of the time of surgery. However, X-rays of the right knee were performed that showed minimal medial and patellofemoral joint space spurring. The documentation does not contain clinical evidence of severe osteoarthritis with bony enlargement or bony tenderness. There is no documentation of fail intra-articular steroids. There is no documentation of prior hyaluronic acid injections. Consequently, absent clinical documentation of severe osteoarthritis with objective radiologic evidence of osteoarthritis, series of 3-5 hyaluronic acid injections to the right knee is not medically necessary.