

<b>Case Number:</b>	CM15-0096890		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	09/26/2012
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50-year-old female who sustained an industrial injury on September 26, 2012. She has reported right knee pain with swelling and lower back pain with radiation into her right leg and has been diagnosed with unspecified internal derangement of the knee and lumbago. Treatment has included medical imaging, medications, surgery, injections, and physical therapy. Examination of the lumbar spine revealed forward flexion as 50 degrees, extension as 20 degrees, and side bending was at 30 degrees to the right and to the left. There was tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasm. There was positive straight leg raise test on the right. The right knee revealed decreased range of motion. There was edema and crepitus. There was tenderness to palpation over the medial joint lines. MRI of the knee revealed postoperative changes of the medial meniscus and severe cartilage loss over the patella and medial femoral condyle. The treatment request included hyalgan injections for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hyalgan injections for the right knee:** 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-TWC), Chapter: Knee & Leg (Acute & Chronic) - 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 Knee & Leg (Acute & Chronic) chapter, under Hyaluronic acid injections.

**Decision rationale:** The patient presents on 04/10/15 lower back pain which radiates into the right lower extremity, and right knee pain and swelling following a recent fall. The pain is rated 8/10. The patient's date of injury is 09/26/12. Patient is status post unspecified surgery of the right knee on 03/26/13, and this patient has had a series of 3 Hyaluronic acid injections to the right knee in June 2013. The request is for HYALGAN INJECTIONS FOR THE RIGHT KNEE. The RFA was not provided. Physical examination of the right knee dated 04/10/15 reveals limited range of motion, tenderness to palpation over the medial joint lines, and negative anterior/posterior drawer tests and negative varus/valgus instability. The patient is currently prescribed Tramadol, Omeprazole, Menthoderm, Docuprene. Diagnostic imaging included MRI of the right knee dated 10/27/13, significant findings include: "Grade II degenerative in posterior horn of medial meniscus, Macerated body and anterior horn of medial meniscus, Baker's cyst, Marrow re-conversions and distal femur, Small knee joint effusion with fluid extending into the supra-patella bursa, Wiberg 2 Otello showing subluxation, Early degenerative arthritis." Per 04/10/15 progress note, patient is advised to return to work with modifications. ODG guidelines, Knee & Leg (Acute & Chronic) chapter, under Hyaluronic acid injections, state the following: "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen); to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. See Recent research below. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). 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." In this case, the provider is requesting a series of Hyaluronic acid injections for this patient's right knee pain following recent fall injury/flare up. Progress notes indicate that this patient had a series of HA injections in June 2013 with documented benefits. MRI findings indicate degenerative osteoarthritis of the right knee, for which such injections are recommended. Given this patient's condition, and the documented benefits of previous injections (which took place over two years ago) a second series is substantiated and could produce significant benefits for this patient. Therefore, the request IS medically necessary.