

<b>Case Number:</b>	CM13-0047343		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/17/2008
<b>Decision Date:</b>	01/19/2015	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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. The expert reviewer is Board Certified in American Board Family Practice and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 56-year-old male with a date of injury of September 17, 2008. He has been diagnosed with grade 3 chondromalacia and medial femoral condyle, synovitis, and a tear of the medial meniscus of the left knee. He is status post arthroscopic medial meniscectomy, shaving and debridement of the medial femoral condyle and patella, and partial synovectomy. He presents on October 9, 2013, not having been seen for 4 years, complaining again of left knee pain the physical exam revealed an abnormal gait, slight fusion of the knee, and tenderness to palpation along the joint line. He was prescribed an anti-inflammatory and muscle relaxant. At issue is a request for 5 injections of hyaluronic acid the left knee. The treating physician notes that previous injections of same resulted in relief of knee pain and a delay in the need for a total knee replacement.

### 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 for left 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), Knee and Leg, 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 (ODG), Knee and Leg, Hyaluronic Acid Injections.

**Decision rationale:** Patients who 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 may be a candidate for hyaluronic acid injections of the knee if:- 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;- Generally performed without fluoroscopic or ultrasound guidance;- Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. - Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence. - Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. In this instance, the injured worker clearly has osteoarthritis of the knee and has responded favorably to previous injections of hyaluronic acid. The previous utilization review physician did not certify a repeat series of injections on the basis that the injured worker had no documentation of failure of conservative therapy. However, the referenced guidelines above do not appear to have the same requirements for a repeat series of injections. Consequently, a series of 5 Hyalgan injections to the left knee is medically appropriate and necessary.