

**Notice of Independent Medical Review Determination**

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	6/4/2012
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002441

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one series of three Hyaluronic acid injections by ultrasound guidance is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one series of three Hyaluronic acid injections by ultrasound guidance is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventative Medicine and Occupational Medicine and is licensed to practice in California. 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

The patient is a 45-year-old [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 4, 2012.

Thus far, the patient has been treated with the following: An MRI of the left knee without contrast of June 21, 2012, notable for degeneration of the medial patellar facets, degeneration of the anterior cruciate ligament, chondral defects, and chondral degeneration; transfer of care to and from various providers in various specialties; arthroscopic debridement, chondroplasty, and loose body removal of September 26, 2012; attorney representation; and extensive periods of time off of work. In prior utilization review report of July 16, 2013, the claims administrator denied request for three hyaluronic acid injections under ultrasound guidance. An earlier clinical note of July 22, 2013 is notable for comments that the patient has left knee lateral arthritis evident both on preoperative MRI and intraoperatively. A lateral loader/unloader brace is endorsed.

The actual operative report of September 26, 2012, however, is notable for postoperative diagnosis of left knee chondromalacia and osteochondral defects including a loose body. An earlier note of June 20, 2013 is notable for comments that the patient has left knee chondromalacia and an osteochondral defect status post knee arthroscopy. A series of three hyaluronic acid injections are endorsed.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for one series of three Hyaluronic acid injections by ultrasound guidance:**

#### The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, Knee and Leg Chapter, which is not a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 3<sup>rd</sup> Edition, Knee Pain and Osteoarthritis injections, which is not a part of the MTUS.

#### Rationale for the Decision:

The MTUS does not specifically address the topic. As noted in the third edition ACOEM Guidelines on knee disorders, intra-articular knee viscosupplementation injections are recommended for treatment of moderate-to-severe knee arthritis. A review of the records indicates in this case, there does not appear to be any strong evidence of clinically present and/or radiographically confirmed moderate-to-severe knee arthritis for which Synvisc/hyaluronic acid viscosupplementation injections would be indicated. A preoperative MRI report was reviewed along with the operative report. While there were mentions made and allusion to chondral defects, cartilaginous defects, etc., there was no clear description or evidence of bony arthritis. Thus, the request is non-certified on the grounds that the employee does not have moderate-to-severe knee osteoarthritis for which viscosupplementation injections would be endorsed by ACOEM. **The request for one series of three Hyaluronic acid injections by ultrasound guidance is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/dat

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.