

Case Number:	CM13-0016139		
Date Assigned:	06/06/2014	Date of Injury:	05/03/2008
Decision Date:	07/11/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/26/2013

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 54 year-old female who sustained an injury on 5/3/2008. The mechanism of injury was noted not listed. However, she was working as an x-ray technician. There are ongoing complaints of low back pain, left knee pain and left foot/ankle pain. Physical examination of the left knee, documented on 8/20/2012, demonstrated no evidence of bony deformity, no tenderness to palpation, range of motion: extension 0 and flexion 130 without crepitus, no instability or ligamentous laxity, no pain with ballottement of the patella, no effusion or apprehension, negative anterior/posterior drawer sign and Lachman's test, 1+ opening medially to varus stress with knee flexed at 45, stable varus/valgus stress. MRI of left knee dated 11/14/2008 impression: Medial collateral ligament has superficial periligamentous increase signal that is non-specific, no other significant findings. Plain radiographs of the knees, dated 11/17/2011, were negative for fracture, dislocation other bony pathology bilaterally. Diagnoses: Left knee bursitis and synovitis. The claimant underwent left knee surgery on 3/23/2011; however, the current request for Hyalgan injections was originally made on 3/9/2009. A request for Hyalgan injections, plus ultrasound guidance to the left knee once a week (X5) was not medically necessary on 8/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYALGAN INJECTIONS ,PLUS ULTRASOUND GUIDANCE TO THE LEFT KNEE ONCE A WEEK X5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), treatment guidelines support viscosupplementation injections for chronic moderate to severe osteoarthritis that is been nonresponsive to conservative treatment. The injured worker's medical records fail to document moderate to severe knee osteoarthritis that has failed conservative treatment and/or therapy. Therefore, the request of five (5) Hyalgan injections under ultrasound guidance to the left knee is not medically necessary.