

Case Number:	CM13-0027230		
Date Assigned:	11/22/2013	Date of Injury:	07/20/2012
Decision Date:	02/26/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 physician 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.

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 patient is a 44-year-old female who reported a work-related injury on 07/20/2012 due to a fall. The patient complained of pain in the low back, shoulder, wrist and knee. The patient's diagnosis was listed as unspecified internal derangement of knee. An MRI of the right knee revealed degenerative knee arthritis with a significant decrease in patellofemoral and tibiofemoral joint space, osteophyte formation and grade II chondromalacia patella. A request was made for viscosupplementation with 5 Hyalgan injections, 1 per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation with five (5) Hyalgan injections, one per week: Upheld

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 Chapter, 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 Chapter, Hyaluronic acid injections

Decision rationale: Recent clinical documentation stated that the patient complained of pain in the low back, shoulder, wrist and knee; and the pain was associated with tingling, numbness and weakness in the hands. Physical exam of the right knee revealed that range of motion to forward flexion was 110 degrees, and extension was 170 degrees. There was no bony deformity,

erythema or crepitus. There was edema and tenderness to palpation over the lateral joint line and infrapatellar region on the right. There was a negative anterior drawer test and negative posterior drawer test. There was positive varus/valgus instability. Muscle strength of the right knee was noted as 4/5. The assessment was noted as internal derangement of the right knee. The Official Disability Guidelines indicate that the criteria for hyaluronic acid injections is indicated for patients experiencing significantly symptomatic osteoarthritis that has not responded adequately to recommended conservative nonpharmacologic and pharmacologic treatments or who are intolerant of these therapies after at least 3 months. The criteria also include documented symptomatic severe osteoarthritis of the knee, which may include the following: bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness and no palpable warmth of synovium, over 50 years of age, pain that interferes with functional activities, failure to adequately respond to aspiration and injection of intra-articular steroids as well as who are not currently candidates for a total knee replacement or who have failed previous knee surgery for their arthritis. Patients must meet at least 5 of the previously mentioned criteria. The clinical documentation submitted does not meet the criteria for hyaluronic acid injections. The patient was not noted to have documented symptomatic severe osteoarthritis of the knee and is not over 50 years of age, and there was no evidence stating that the patient had failed to adequately respond to aspiration and injection of intra-articular steroids and also was not shown to be intolerant of conservative therapies. Given the above, the request for viscosupplementation with five (5) Hyalgan injections at 1 per week is non-certified.