

Case Number:	CM13-0053291		
Date Assigned:	12/30/2013	Date of Injury:	12/05/2012
Decision Date:	03/20/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/18/2013

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 Orthopedic Surgeon 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. 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 patient is a 45-year-old female who reported injury on 12/05/2012. The mechanism of injury was the patient was playing soccer in the field with her students and tripped in a pot hole and fell, hitting both knees. The patient had an MRI of the right knee without contrast on 06/07/2013, which revealed mild degenerative changes at the medial compartment of the right knee. (1) There was a 1.8 x 1.1 cm segment of heterogenous signal involving the medial femoral articular cartilage along with the adjacent SP formation at the femoral condyle, and it was indicated this may be associated with a healed area of previous osteochondral injury; (2) there was minimal inferior articular surface signal involving the peripheral third of the posterior horn of the medial meniscus, suggestive of a tiny tear, and no prominent flap tear was appreciated; (3) there was a tiny vertical area of signal involving the body of the lateral meniscus, it was opined that a tiny radial tear could have that appearance; (4) cruciate and collateral ligaments were intact. The MRI of the left knee without contrast on the same date of service revealed a tiny left knee joint effusion and no definite meniscal ligament or tendon tear. The most recent clinical note revealed the patient had complaints of pain in the left knee joint, which was aggravated by activities of daily living. Occasionally, the patient stated they had a catching sensation aggravated by daily activity without episode of the knee to give out. Examination of the right knee revealed tenderness that was unremarkable, a mild degree of popping, and grinding during flexion and extension. The left knee was noted to have joint tenderness that was diffuse in the anteromedial aspect of the joint line. There was popping and grinding during flexion and extension. The clinical impression was noted to be status post arthroscopic surgery of the right knee, chronic bilateral knee pain, and internal derangement of the left knee joint. The request was made for a continued exercise program and Hyalgan injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee Injection X3: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The Physician Reviewer's decision rationale: ACOEM Guidelines indicate that invasive techniques such as cortisone injections are not routinely indicated. There was a lack of documentation indicating the laterality for the knee injection. Additionally, there was a lack of documentation indicating whether the request is a duplicate of request number 2, as the request was concurrently being reviewed with a Hyalgan injection x3. Given the lack of documented necessity for a knee injection with corticosteroids, and whether the injection is the Hyalgan injection which is currently being reviewed, the request for Knee Injection X3 is not medically necessary.

Hyalgan Injection X3: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Hyaluronic Acid injections.

Decision rationale: The Physician Reviewer's decision rationale: Official Disability Guidelines indicate that hyaluronic acid injections are appropriate for patients who have significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatments, or are intolerant of these therapies after at least 3 months, and have documented symptomatic severe osteoarthritis of the knee, which may include bony enlargement, bony tenderness, crepitus on motion, less than 30 minutes of morning stiffness, and palpable warmth of synovium and over 50 years of age, along with pain that interferes with functional activities and a failure to adequately respond to aspiration and injection of intra-articular steroids. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. The patient failed to meet the above criteria. Additionally, the request as submitted failed to indicate the laterality for the injections. Given the above, the request for Hyalgan Injection X3 is not medically necessary.

