

Case Number:	CM14-0002990		
Date Assigned:	01/29/2014	Date of Injury:	04/12/2013
Decision Date:	06/30/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 53-year-old male who reported an injury on 04/12/2013 secondary to an unknown mechanism of injury. The injured worker was evaluated on 12/11/2013 for reports of pain with prolonged walking. The injured worker had undergone knee arthroscopy of the left knee. The exam noted the injured worker's knee range of motion to be at 0 to 125 degrees and a positive McMurray's sign medially. The diagnoses included degenerative joint disease of the left knee, medial meniscus tear, and partial ACL tear. The treatment plan included hyaluronic acid injections, continued home exercise, and medication therapy. The request for authorization and rationale were not in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYALURONIC ACID INJECTIONS TO LEFT KNEE X 3-5: Upheld

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

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

Decision rationale: The Official Disability Guidelines may recommend hyaluronic injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen). The guidelines further state the injections may potentially delay total knee replacement. The guidelines state the injured worker should have significantly symptomatic documented osteoarthritis, interfering with functional activities, which has not adequately responded to conservative therapies, aspiration or steroid injections. Repeat injections may be indicated if there is documented significant improvement of symptoms for 6 months or more. There is a significant lack of objective findings of significant symptoms of osteoarthritis, failure of conservative therapies, failure of aspiration or steroid injections and significant functional deficits. Furthermore, the request for 3-5 injections is excessive and does not allow for evaluation and documentation of the efficacy of the injections. Therefore, the request for for hyaluronic acid injections to left knee x 3-5 is non-certified.