

Case Number:	CM14-0007177		
Date Assigned:	02/07/2014	Date of Injury:	11/03/2012
Decision Date:	08/05/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/20/2014

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 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 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 66-year-old female who has submitted a claim for status post surgical arthroscopy of the left knee with partial medial meniscectomy, lateral meniscal debridement, chondroplasty and debridement; and severe osteoarthritis medially, and moderate osteoarthritis of the patellofemoral compartment associated with an industrial injury date of November 3, 2012. Medical records from 2013-2014 were reviewed. The patient complained of left knee pain. The pain was located at the inner aspect of the knee and under the knee cap. Physical examination showed tenderness over the medial joint line and medial patella of the left knee. There was crepitus noted. Trace residual swelling was noted over the post-operative site of the left knee. Range of motion was limited. There was quadriceps muscle weakness noted. There was full range of motion of the right knee. Motor strength and sensation was intact. MRI of the left knee dated March 17, 2014 revealed a large horizontal tear involving the entirety of the medial meniscus with a probable 2.2 cm parameniscal cyst, grade 2 signal intensity abnormality involving the body of the lateral meniscus, grade 1 ligamentous sprain of the medial collateral ligament, tricompartmental chondromalacia most severely affecting the medial and patellofemoral compartments of the knee, and moderate sized joint effusion. Treatment to date has included medications, physical therapy, home exercise program, activity modification, left shoulder surgery, left hand surgery, and left knee surgery. Utilization review, dated January 7, 2013, denied the request for Hyalgan injections x 5 (1 x 5) left knee; under ultrasound guidance because clinical information noted in the most recent medical report did not fully satisfy the criteria for significantly symptomatic osteoarthritis. In addition, failure of adequate conservative care was not demonstrated.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIVE HYALGEN INJECTIONS TO THE RIGHT KNEE UNDER ULTRASOUND GUIDANCE (ONE TIME PER WEEK FOR FIVE WEEKS): 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).

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: Hyalgan is hyaluronate. CA MTUS does not specifically address viscosupplementation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that criteria for hyaluronic acid injections include patients with significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative treatments after at least 3 months; pain interferes with functional activities; and not currently candidates for total knee replacement or who have failed previous knee surgery. In addition, hyaluronic acid injections are generally performed without fluoroscopic or ultrasound guidance. In this case, five hyalagen injections were requested for the right knee. However, patient complained of left knee pain. Furthermore, there was no evidence of symptomatic osteoarthritis, no pain that interferes with functional activities, and no failed previous surgery for the right knee. The medical necessity of hyaluronic acid injections of the right knee was not established. Moreover, guidelines state that injections are done without ultrasound guidance. Therefore, the request for five hyalgen injections to the right knee under ultrasound guidance (one time per week for five weeks) is not medically necessary.