

Case Number:	CM14-0011787		
Date Assigned:	02/21/2014	Date of Injury:	11/03/2012
Decision Date:	07/24/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/29/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 66-year-old patient with an 11/3/12 date of injury. He injured himself when walking down the stairs, as his left heel got caught on the lip of the stairs. He fell down hard on his knee. A 1/9/14 progress report indicated that the patient was 28 weeks s/p arthroscopy of the left knee, with partial medial meniscectomy, debridement of lateral meniscus, chondroplasty and debridement. He complained of pain under the knee when climbing stairs. A physical exam revealed 2+ crepitus and tenderness over the medial joint line and medial patella. Range of motion demonstrated that knee flexion was 125 degrees and extension was 0 degrees. He indicated that medical treatment and physical therapy did not help with his condition. An X-ray demonstrated progressed medial joint space narrowing and osteophytes present compared to prior x-rays. A knee MRI dated on 5/2013 demonstrated grade 4 chondromalacia to the medial compartment and grade 3 to the patellofemoral compartment of the left knee. Treatment to date: medication management (Tylenol), ice and physical therapy, Hyaluronic viscosupplementation was recommended. There is documentation of a previous 1/17/14 adverse determination, because it was no not clear how long the conservative treatment had been attempted.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 HYALGAN INJECTIONS OVER 5 WEEKS FOR THE LEFT KNEE UNDER ULTRASOUND GUIDANCE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Knee and Leg 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 and Leg Chapter.

Decision rationale: The California MTUS does not address this issue. The ODG indications include patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments; are not candidates for total knee replacement; younger patients wanting to delay total knee replacement. If relief is obtained for 6-9 months and symptoms recur, it may be reasonable to do another series. However, the patient reported that medical treatment and physical therapy was not helpful. In addition, his MRI and x-ray results confirmed that the patient had osteoarthritis. The guidelines support Hyaluronic acid injection if pharmacologic and non-pharmacologic treatment was not helpful. Therefore, the request for 5 Hyalgan injections over 5 weeks for the left knee under ultrasound guidance was medically necessary.