

Case Number:	CM14-0112274		
Date Assigned:	08/01/2014	Date of Injury:	04/17/2005
Decision Date:	10/01/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/17/2014

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 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 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 44-year-old male who reported an injury on 04/17/2005. The mechanism of injury was a slip and fall on an apple core. Prior treatments were noted to be physical therapy, medications, TENS unit, cortisone injections, and low back brace. Diagnostic imaging was noted to be x-rays and an MRI. Surgical history is prior knee surgery in 2005. The subjective complaint was pain in both knees. He rated pain 8/10 on the pain scale. Ibuprofen was being used for pain control. He admitted spasming in both knees, right worse than left. He also stated numbness and tingling in the right worse than left. The injured worker states that pain increases when standing longer than 5 minutes and walking longer than 5 minutes. He does use knee braces for support with standing and walking as needed. The objective findings noted blood pressure and pulse in normal range. The patient was not in acute distress. It was noted he was a pleasant gentleman. His bilateral lower extremities extend to 180 degrees and flexes to 110 degrees. There was no swelling noted. This treatment was for Hyalgan injection in the right knee x5 and 12 sessions of physical therapy for the bilateral knees to improve range of motion and strength, as well as helping to decrease pain level. The provider's rationale for the request was noted within the treatment plan. A request for authorization form was noted to be dated 07/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan Injections X 5 t the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee & Leg

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

Decision rationale: The request for Hyalgan injections x5 to the right knee is not medically necessary. The Official Disability Guidelines recommend hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs, or acetaminophen); to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. The injured worker does not have a diagnosis of osteoarthritis. In addition, it is not noted that he had failed conservative treatments. In addition, it is not noted that a treatment goal is to potentially delay a total knee replacement. Therefore, the request for Hyalgan Injections x5 to the right knee are not medically necessary.