

Case Number:	CM14-0112632		
Date Assigned:	08/01/2014	Date of Injury:	04/08/2008
Decision Date:	10/15/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/18/2014

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 Orthopedic Surgery 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:

This 58-year-old female sustained an industrial injury on 4/8/08. The mechanism of injury was not documented. The progress notes from December 2013 to April 2014 documented continued right knee pain, worse with cold weather. Pain was reported ranging from grade 3.5 to 4 up to grade 6-7. Medications were reported with benefit. There was full knee range of motion with medial and lateral joint line tenderness. Conservative treatment was limited to Norco, Cymbalta, and home exercise program. There was no documentation of anti-inflammatory medications or corticosteroid injection, or contraindications. There was no documentation of radiographs or imaging. Hyaluronic acid injection for the right knee had been requested monthly. The 5/28/14 treating physician report cited continued complaints of right knee pain, grade 4.5 with medications. Physical exam documented a slight limp with the patient trying to favor the left knee. Range of motion was unrestricted from 0 to 150 degrees with no crepitus in the patellofemoral joint. The patella tracked normally. There was medial and lateral joint line tenderness. There was no instability or quadriceps atrophy noted. The diagnosis was right knee sprain and history of right knee contusion. The treatment plan requested authorization for a hyaluronic acid injection to the right knee and prescribed Norco 10/325 mg for severe pain and Cymbalta. The patient was to continue quadriceps, hamstring and strengthening exercises. The 6/20/14 utilization review denied the request for right knee hyaluronic acid injection as there was no evidence of conservative treatment attempts including a corticosteroid injection and no documentation of osteoarthritis or symptoms consistent with osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyaluronic Acid Injection 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 And Leg (updated 06/05/14), Hyaluronic Acid injections

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

Decision rationale: The Official Disability Guidelines state that hyaluronic acid injections are recommended for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee because the effectiveness of hyaluronic acid injections for these indications has not been established. Guideline criteria have not been met. There is no documentation that this patient has been diagnosed with osteoarthritis or has imaging findings of osteoarthritis. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.