

Case Number:	CM14-0124253		
Date Assigned:	08/08/2014	Date of Injury:	09/18/2013
Decision Date:	09/12/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/06/2014

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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 46-year-old male who reported an injury on 09/18/2013. The mechanism of injury was not provided. On 07/11/2014, the injured worker presented with pain in the left knee that gives way often. Upon examination, the injured worker was limping, and there was swelling over the left knee. An MRI performed on 05/20/2014 revealed chondromalacia. The diagnoses were strain/sprain of the bilateral knees, left knee chondromalacia, and tenosynovitis. Prior therapy included medications. The provider recommended a left knee Hyalgan injection, 1 per week, with a quantity of 3. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Hyalgan injections one per week QTY: 3.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Updated 6/5/14, Knee & Leg (Acute & Chronic); Haluronic acid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Hyaluronic acid injections.

Decision rationale: California MTUS/ACOEM state invasive techniques such as needle aspiration of effusions or prepatellar bursal fluid of cortisone injections are not routinely indicated. The Official Disability Guidelines further state that hyaluronic acid injections (Hyalgan injection) is recommended as a possible option for severe osteoarthritis for injured workers who have not responded adequately to recommended conservative treatments or to potentially delay total knee replacement. Recent quality studies state that the magnitude of improvement appears modest at best. There is insufficient evidence that the injured worker has a diagnosis congruent with the guideline recommendation of Hyalgan injections. Additionally, there is a lack of evidence of the injured worker's failure to respond to conservative treatments. As such, the request is not medically necessary and appropriate.