

Case Number:	CM14-0128928		
Date Assigned:	11/05/2014	Date of Injury:	04/28/2006
Decision Date:	12/09/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/13/2014

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, has a subspecialty in Interventional Spine 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 60-year-old female with a date of injury of 04/28/2006. The listed diagnoses per are: 1. Discogenic lumbar condition. 2. Cervical sprain with no major MRI abnormalities. 3. Internal derangement of the knee bilaterally, status post left arthroscopy in April 2007 and right knee in 2009, status post meniscectomy on the left in January of 2014. 4. Impingement syndrome of the shoulder, left. 5. Shoulder sprain. 6. Element of depression. 7. Hypertension. 8. Weight gain of 30 pounds. According to progress report, 07/02/2014, the patient presents with grade 2 to grade 3 chondromalacia along the medial joint line and patellofemoral joint in the left knee. Objective findings revealed "tenderness along the joint line, medial on the left is noted, and patella with good motion, mild effusion, and with 5-/5 strength to resistive function." The request is for Hyalagan injections for bilateral knees, quantity #2. Utilization review denied the request on 07/14/2014. Treatment reports from 02/26/2014 through 07/02/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalagan for bilateral knees, quantity 2,: 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), Knee Chapter

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

Decision rationale: This patient presents with continued bilateral knee pain. The treater is requesting 2 Hyalgan injections to the bilateral knees. The MTUS Guidelines do not discuss Hyaluronic acid knee injections. Therefore, refer to ODG for further discussion. ODG under its Knee Chapter recommends "Hyaluronic acid injection as a possible option for severe osteoarthritis who have not responded adequately to recommend a conservative treatments including exercise, non-steroidal anti-inflammatory drugs (NSAIDs), or acetaminophen to potentially delay total knee replacements or who have failed the previous knee surgery for arthritis, but in recent quality studies, the magnitude of improvement appears modest." In this case, there are no MRI or X-ray findings that indicate arthritic changes to warrant hyaluronic injections. ODG considers Hyaluronic injections for patients with severe osteoarthritis. The request is not medically necessary.