

Case Number:	CM14-0150090		
Date Assigned:	10/17/2014	Date of Injury:	02/11/2005
Decision Date:	11/18/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/15/2014

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 58-year-old male with an injury date of 02/11/2005. Based on the 01/22/14, 02/26/14, and 03/26/2014 progress report, the patient has no new injuries and is currently taking his Indocin. "He can toe and heel walk, jump up and down, squat and recover. All portals are nicely healed." All recent reports indicate the same subjective and objective findings. The patient's diagnoses include the following: 1. 04/05/2011 right knee arthroscopy, partially by Meniscectomy. 2. 08/26/2011 left knee arthroscopy, partial medial Meniscectomy. 3. Plantar fasciitis, improved. The utilization review determination under consideration is dated 09/03/2014. Treatment reports were provided from 01/03/2013 to 03/26/2014. 1. 04/05/2011 right knee arthroscopy, partially by meniscectomy. 2. 08/26/2011 left knee arthroscopy, partial medial meniscectomy. 3. Plantar fasciitis, improved. The utilization review determination being challenged is dated 09/03/2014. Treatment reports were provided from 01/03/2013 - 03/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Series of 3 Hyalgan Injections: 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), Hyaluronic Acid Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter, Hyaluronic Acid Injections

Decision rationale: Based on the 03/26/2014 progress report, the patient currently has no new injuries and had both a right knee and left knee arthroscopy in 2011. The request is for one series of Hyalgan injections. The report with the request was not provided and there is no discussion provided. The patient is currently working full duty. The denial letter states, "Medications and previous injections decrease the patient's pain levels and improve functioning. The patient's right knee pain has increased since 06/11/2014. His pain keeps him up about 2 nights per week and he has intermittent difficulty with weight-bearing activities of daily living. The patient currently works full duty." There is no indication provided as to when this previous injection took place. There are no recent progress reports provided regarding why the patient needs a Hyalgan injection. ODG Guidelines states hyaluronic acid injections are "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments ". "Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatments or are intolerant of these therapies; after at least 3 months." In this case, there is no evidence of "severe osteoarthritis." The provider does not discuss or provide any X-ray or MRI reports describing significant arthritis. There is no documentation that prior injections have provided significant reduction of pain with functional improvement. Therefore, this request is not medically necessary.