

Case Number:	CM14-0047223		
Date Assigned:	07/02/2014	Date of Injury:	10/02/2012
Decision Date:	08/20/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/15/2014

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 Orthopaedic 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 61-year-old female caretaker/house manager sustained an industrial injury on 10/2/12, due to repetitive work activities. The 1/24/13 right knee magnetic resonance imaging (MRI) impression documented osteoarthritis and chondromalacia most noted at the medial compartment, medial meniscus tear with associated anterior parameniscal cysts, and medial collateral ligament bursitis. The 12/19/13 clinical note documented significant functional limitations and moderate right knee effusion. Physical exam documented crepitus, post-operative McMurray's, medial joint line tenderness, and range of motion 15-100 degrees. Records indicated the patient failed 18 months of rest, ice, anti-inflammatory medication, and injections with good, but short term relief. The patient underwent right knee arthroscopy with partial medial and lateral meniscectomy and chondroplasty of the patella on 3/4/14. The treating physician report on 4/1/14 indicated the patient's knee was better in therapy with active range of motion 0-120 degrees. The diagnosis included progressive osteoarthritis. The treatment plan recommended Hyalgan injections times 5 for the right knee. The 4/10/14 utilization review denied the request for Hyalgan injections to the right knee as the patient was only one month post-op and would not have achieved maximum medical improvement with respect to the arthroscopic procedure yet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan Injections x 5 for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: The California medical treatment utilization schedule (MTUS) guidelines do not provide recommendations for hyaluronic acid injections. The Official Disability Guidelines states that these injections are recommended for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments. Guidelines indicated that there was no benefit of hyaluronic acid injection after knee arthroscopic meniscectomy in the first six weeks after surgery, and concluded that routine use of hyaluronic acid after knee arthroscopy cannot be recommended. Guideline criteria have not been met. There is no indication that the patient had significant symptomatic osteoarthritis following surgery. Guidelines do not recommend the routine use of Hyalgan injections post-operatively. Therefore, this request for Hyalgan injections times five for the right knee is not medically necessary.