

Case Number:	CM14-0047294		
Date Assigned:	07/02/2014	Date of Injury:	11/14/2013
Decision Date:	08/26/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/14/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 56-year-old male who reported an injury on 11/14/2013. The mechanism of injury was noted as tripping over carpet. The injured worker's diagnosis was noted to be a knee sprain. The injured worker's prior treatments were noted to be physical therapy and occupational therapy. The injured worker had an x-ray of the right knee. It was noted there was no acute fracture. There was no significant soft tissue abnormality identified. The alignment was normal. There was no joint disease noted. A primary treating physician's progress report with the date of examination of 12/10/2013 indicated subjective complaints of low back pain and intermittent radiating pain in the left hip. The injured worker stated his right knee did not hurt anymore. The objective findings included normal range of motion with no swelling or effusion of the right knee; normal range of motion with no tenderness or bony tenderness in the thoracic spine; decreased range of motion with tenderness and bony tenderness and pain in the lumbar spine. The right knee had a negative anterior posterior drawer test. The treatment plan was to commence physical therapy as soon as possible for lumbar strain. In addition, the plan was to continue with Motrin and Icy Hot Patches. A rationale for the request was not provided within the most recent clinical evaluation. A Request for Authorization of medical treatment was not provided within the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided hyaluronic injection to left 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, Treatment in Workers Comp, Knee Chapter, Criteria for 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, Hyaluronic acid injections.

Decision rationale: The request for an Ultrasound-Guided Hyaluronic Injection to the left knee is not medically necessary. The Official Disability Guidelines state hyaluronic acid injections are a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs, or Acetaminophen), and pharmacologic treatments. According to the clinical evaluation submitted for review, the injured worker does not have symptoms of severe osteoarthritis of the knee. The knee with the contusion, in fact, was noted to not hurt anymore in the evaluation dated 12/11/2013. The clinical documentation submitted for review does not provide any objective data of an injury in the injured worker's left knee. Therefore, the request for an Ultrasound-Guided Hyaluronic Injection to the left knee is not medically necessary.