

Case Number:	CM14-0049885		
Date Assigned:	06/25/2014	Date of Injury:	08/27/2004
Decision Date:	08/13/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/25/2014

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 Occupational 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 patient is a 62 year old male who was injured on 08/27/2004. The mechanism of injury is unknown. He has been treated conservatively in the past with 5 viscosupplementation injections to his right knee. On ortho note dated 12/03/2013, he was noted to have a slightly antalgic gait and reported increased symptomatology with cold weather. He had pain in the right knee, more medial than lateral. He had a positive patellar compression test and negative distraction test. His overall impression is chronic degenerative changes in the right knee causing pain. Ortho follow up note dated 02/04/2014 indicates the patient presented with pain in his right knee and stated that certain movement caused sharp pain. He received a viscosupplementation injection to the right knee and reported diminished pain afterwards. He was recommended to continue with oral medication and to follow-up. There are no other objective findings for review. Prior utilization review dated 01/17/2014 states the request for Left Knee Viscosupplementation Injections (Hyalgan) x 5 is denied due to lack of documented clinical evidence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Viscosupplementation Injections (Hyalgan) x 5: 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), Treatment Index, 11th edition (web), 2013, Knee & Leg, 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 and Leg, Hyaluronic Acid Injections.

Decision rationale: CA MTUS guidelines do not address the request. According to ODG guidelines, Hyaluronic Acid Injections for the knee may be indicated when there is severe osteoarthritis and failure of steroid injections, among other criteria. In this case, medical records do not clearly establish severe osteoarthritis by symptoms or examination. No diagnostics are provided. Prior response to steroid injections is not discussed. Little detail is given with regard to response from prior Hyaluronic Acid injections in 2011. The request is for the left knee, but records indicate the right knee. Medical necessity is not established.