

Case Number:	CM14-0066501		
Date Assigned:	07/11/2014	Date of Injury:	02/17/2013
Decision Date:	09/22/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/09/2014

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 56-year-old female sustained an industrial injury on 2/17/13. Injury occurred when she stepped in water and twisted her knee. The patient underwent left knee arthroscopic partial medial and lateral meniscectomies and chondroplasty of the lateral tibial plateau on 12/23/13. Operative findings documented grade 3 chondromalacia patella, and grade 4 chondromalacia lateral femoral condyle and lateral tibial plateau. The 2/27/14 orthopedic report cited the patient was doing poorly with progressive left knee pain. Physical exam documented global left knee tenderness. X-rays were obtained and showed progressive degenerative arthritis. The treatment plan recommended a series of Hyalgan injections. The 3/20/14 orthopedic note indicated the patient had been diagnosed with degenerative arthritis of her left knee. She had been treated appropriately with medications, bracing, and rest. She remained disabled and unable to work her usual job due to severe pain. The patient was an excellent candidate for a series of Hyalgan injections to the knee to avoid surgery. The 4/17/14 orthopedic progress report cited the patient doing poorly with locking and catching of her left knee with medial compartment tenderness. Hyalgan injections were again recommended for a diagnosis of progressive degenerative arthritis. The 5/6/14 utilization review denied the request for a series of 5 Hyalgan injections to the left knee as there was no imaging evidence of severe or end-stage osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drain/inject joint/bursa for the left knee: Upheld

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

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: Under consideration is the medical necessity for left knee injection. Records indicate that this request was for a series of 5 Hyalgan injections for the left knee. The California MTUS guidelines do not provide recommendations for Hyalgan injections. The Official Disability Guidelines state that hyaluronic acid injections are recommended for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments, including failure to respond adequately to aspiration and injection of intra-articular steroids. Guideline criteria have not been met. This patient presents with post-operative left knee pain and functional limitations. The patient has not completed the general course of post-op physical therapy. There is no documentation that aspiration and injection of intra-articular steroids has failed. Therefore, this request is not medically necessary.