

Case Number:	CM14-0073033		
Date Assigned:	07/16/2014	Date of Injury:	01/02/2013
Decision Date:	08/18/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/20/2014

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 40 year old male with a date of injury of 01/02/2013. The listed diagnosis per [REDACTED] is bilateral knee pain. According to a progress report dated 04/30/2014, the patient presents with bilateral knee pain. He rates his pain 8/10 on the pain scale. The patient states that he does a lot of squatting and at the end of the day the pain gets worse. Examination revealed a full range of motion. On the patient's right knee, there is cracking and clicking sensation on palpation and there is tenderness on the medial joint line. On the left side, there is slight stiffness on the medial joint line. Patellofemoral grind test is positive on the right. The treater is requesting hyaluronic acid injection for the right knee. Utilization review denied the request on 05/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyaluronic acid injection to the right 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 (ODG) Knee & Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with bilateral knee pain. The treater is requesting a hyaluronic acid injection to the right knee. The ODG recommends hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommend conservative treatments (exercise, NSAIDs, or acetaminophen); to potentially delay total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best. In this case, the treater does not provide any imaging that documents severe osteoarthritis. As such, the request is not medically necessary and appropriate.