

Case Number:	CM15-0102895		
Date Assigned:	06/05/2015	Date of Injury:	01/23/2012
Decision Date:	07/03/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 58 year old male, who sustained an industrial injury on 1/23/2012. He reported right knee pain. The injured worker was diagnosed as having meniscus tear of knee. Treatment to date has included medications, services of 3 injections to right knee, magnetic resonance imaging of the left lower extremity (4/10/2015), fully duty work status. The request is for a series of Hyalgan injections to the right knee. On 2/2/2015, complained of bilateral knee pain. He rated his pain 9/10. On 2/18/2015, he complained of right knee pain which was unchanged since 8/19/2014, and compensated left knee pain. On 3/16/2015, he is seen for follow up regarding his right knee. He indicated his left knee was painful due to compensation when he ambulates. He rated his pain 5/10, and described it as sharp and electric like with a pins and needles sensation. The treatment plan included: Mentherm, and Naproxen. On 4/17/2015, a medical record review supplemental report recommended left knee surgery. The records indicate he received a series of 3 injections in 2014, which provided minimal to moderate pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of Hyalgan injections, right knee Qty: 3 (per 04/29/15 order): 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, Hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-352. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections.

Decision rationale: ACOEM guidelines state that "Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection." ODG recommends as guideline for Hyaluronic acid injections "Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids". The available medical record notes that this IW has received intra-articular steroid injections and received moderate relief and has also received moderate relief from physical therapy and medications, it is not documented by the treating physician why this is not considered "adequate" response. further, this IW is noted to have previously received a three shot hyaluronic acid series before and registered only minimal to moderate relief. If other modalities are providing the same or greater degree of relief than the requirements for indication of hyaluronic acid injections are not met. As such the request for Hyalgan injections, right knee is deemed not medically necessary.