MAXIMUS Federal Services

Case Number:	CM15-0018669		
Date Assigned:	02/06/2015	Date of Injury:	11/20/2010
Decision Date:	04/03/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/02/2015

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: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64-year-old male who reported injury on 11/20/2010. The mechanism of injury was not provided. The prior therapies included aquatic therapy and use of a recumbent bike, as well as physical therapy. The surgical history was not provided. There was a Request for Authorization submitted for review dated 10/15/2014. The documentation of 10/15/2014 revealed the injured worker as in the office for right knee pain. The injured worker was noted to have a DonJoy brace and a TENS unit, and utilize hot and cold therapy. Physical examination revealed the injured worker had 180 degrees of extension and 110 degrees of flexion on the right knee versus 130 degrees on the contralateral side. There was tenderness along the medial joint line and inner patella, as well as outer patella with some crepitation. The injured worker had 1+ positive anterior drawer test. The diagnoses included internal derangement of the knee on the right with progressive loss of articular surface medially, status post arthroscopy, micro fracture technique meniscectomy more medially than laterally. The treatment plan included Hyalgan injections. Additionally, the treatment plan included Flexeril 7.5 mg. The documentation indicated: if there was not an authorization for Hyalgan, please authorize a cortisone injection as the injured worker was getting worse. The subsequent documentation of 11/17/2014, additionally requested a series of Hyalgan injections 20 mg 2 ml to the right knee, quantity 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of Hyalgan injections 20mg 2ml to the right knee QTY:5.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: 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 & Leg Chapter, Hyaluronic Injections.

Decision rationale: The Official Disability Guidelines indicate that hyaluronic acid injections are recommended for injured workers who experience significantly symptomatic osteoarthritis and who have not responded adequately to conservative nonpharmacologic and pharmacologic therapies for at least 3 months. There should be documentation of severe osteoarthritis of the knee, which may include bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of synovium and over 50 years of age, that pain interferes with functional activities, and that there has been a failure to adequately respond to aspiration and injection of intra-articular steroids. The clinical documentation submitted for review indicated the injured worker was over 50. There was a lack of documentation, however, that the injured worker had failed to adequately respond to conservative pharmacologic and nonpharmacologic treatments. There was a lack of documentation indicating pain interfered with functional activities. Additionally, the request was made if the hyaluronic acid injections were not approved, there should be an approval for a steroid injection, which would indicate the injured worker had not trialed an aspiration and intra-articular injection of an intra-articular steroid. There was a lack of documentation indicating the injured worker was not currently a candidate for a total knee replacement, or that the injured worker had failed a previous knee surgery for arthritis and wanted to delay a total knee replacement. Given the above, the request for series of Hyalgan injections 20mg 2ml to the right knee QTY:5.00 is not medically necessary.