

Case Number:	CM15-0145299		
Date Assigned:	08/06/2015	Date of Injury:	08/18/2009
Decision Date:	09/03/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/27/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 is a male injured worker who sustained an industrial injury on August 18, 2009. The age and the initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as status post arthroscopic debridement of the right knee and moderate to severe bilateral knee degenerative joint disease. Treatment to date has included physical therapy, medications and steroid injections. On May 15, 2015, the injured worker complained of increasing pain in the left knee especially with cold temperatures and squatting. On July 17, 2015, physical examination revealed tenderness along the medial joint of the left greater than right knees. The injured worker's gait was antalgic bilaterally. The treatment plan included Hyalgan or Synvisc injections, medications and a follow-up visit. On July 2, 2015, Utilization Review non-certified the request for a quantity of three Hyalgan injections under fluoroscopy for the left knee. There were no cited guidelines included in the record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan injections, left knee, 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hyaluronic acid injections, <http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Hyaluronicacidinjections>

Decision rationale: According to ODG guidelines, Hyaluronic acid injections, "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended 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. See recent research below. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain)." There is no documentation that the patient is suffering from osteoarthritis or severe osteoarthritis that did not respond to conservative therapies. There is no rational form requesting 3 consecutive injections of the knee without documentation of the efficacy of the first and second one. Therefore, the medical necessity for Hyalgan injections, left knee, 3 is not established.

Fluoroscopy, left knee, 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.