

Case Number:	CM15-0149458		
Date Assigned:	08/12/2015	Date of Injury:	07/19/2010
Decision Date:	09/10/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	07/31/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female who sustained an industrial injury on 7-19-2010. She was injured while transferring a patient. She has reported injury to the neck, back, bilateral shoulders, upper extremities, and lower extremities and has been diagnosed with cervical strain, cervical spondylosis, myofascial pain syndrome, strain, right shoulder, subacromial impingement syndrome, right shoulder, status post arthroscopic subacromial decompression, degenerative osteoarthritis involving the acromioclavicular joint, right shoulder, rotator cuff tear, right shoulder, strain, left shoulder, subacromial impingement syndrome, left shoulder, degenerative osteoarthritis involving the acromioclavicular joint, left shoulder, rotator cuff tear, left shoulder, status post arthroscopic repair, strain, right knee, degenerative osteoarthritis, right knee, lumbar strain, degenerative disc disease, lumbar spine, and bilateral L5 radiculopathies. Treatment has included chiropractic care, medications, modified work duty, medical imaging, surgery, physical therapy, and injections. There was slight to moderate cervical paraspinal muscle spasm. Range of motion was decreased. Palpation of the upper back revealed tenderness. Shoulders revealed limited range of motion. Impingement test was positive bilaterally. There was medial joint line tenderness. The treatment plan included medications, knee brace, and surgery. The treatment request included ultrasound guided hyalgan injections x 3 for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided Hyalgan injections x 3 to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

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

Decision rationale: Regarding the request for ultrasound-guided Hyalgan injections, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Guidelines go on to state that the injections are generally performed without fluoroscopic or ultrasound guidance. Within the documentation available for review, there is no current and legible documentation of the aforementioned criteria. Furthermore, ultrasound guidance is not supported and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested ultrasound-guided Hyalgan injections are not medically necessary.