

Case Number:	CM15-0168071		
Date Assigned:	09/08/2015	Date of Injury:	12/01/2005
Decision Date:	10/07/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/25/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 (IW) is a 54-year-old female who sustained an industrial injury on 12-01-2005. Diagnoses include progression of osteoarthritis of the bilateral knees. Treatment to date has included medications, bilateral knee surgeries and attempts at weight loss. According to the progress notes dated 7-29-2015, the injured worker reported increasing bilateral knee pain. She also had complaints of wrist pain that was unchanged. On examination, she was noted to be in marked distress. There was tenderness in the bilateral wrists, low back and both knees. X-rays of the right and left knee showed progressive degenerative arthritis. The treatment plan included Hyalgan injections to the bilateral knees, a sacroiliac joint injection and urine drug screen. A request was made for one series of five Hyalgan injections for the bilateral knees under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 series of five Hyalgan injections for the bilateral knees under ultrasound guidance:

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) Online Edition 2015.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states hyaluronic acid injections are indicated for the treatment of osteoarthritis of the knee. The patient does have osteoarthritis with failure of conservative therapy. However, the amount of requested injections exceeds recommendations by the ODG without measured improvement. Therefore the request is not medically necessary.