

Case Number:	CM15-0182684		
Date Assigned:	09/23/2015	Date of Injury:	09/28/2014
Decision Date:	10/28/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/16/2015

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

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 49 year old female, who sustained an industrial injury on 9-28-2014. A review of the medical records indicates that the injured worker is undergoing treatment for left medial meniscus tear, medial compartment, and degenerative joint disease. On 8-18-2015, the injured worker reported continued pain at the medial aspect of the left knee and left lower leg. The Primary Treating Physician's report dated 8-18-2015, noted the injured worker was currently not working. The Physician noted the injured worker's previous Cortisone injection had not been helpful. The injured worker was noted to be allergic to non-steroid anti-inflammatory drugs (NSAIDs), with respiratory distress noted. The injured worker reported Ultracet was helpful and was taking Tylenol PM, noting it was working for her. Prior treatments have included physical therapy, a pes bursa injection noted to be not effective, left knee Cortisone injection, left knee meniscal root repair of the medial meniscus, bracing, at least 22 physical therapy visits, and medication. The left knee examination was noted to show range of motion (ROM) unrestricted with mild crepitus, no instability, exquisite tenderness over the pes anserinus bursa with less tenderness noted over the joint line but still quite tender at the medial joint line, and tenderness to palpation over the intermedial lower leg down to the junction of the mid to distal one third tibial region. X-rays of the left knee were noted to show medial joint space narrowing at the left greater than right knee with 1mm medial joint space on standing films of the left knee when compared to 3-4mm on the right. The Physician noted the injured worker has sustained a medial meniscus tear which had accelerated degenerative changes in the left knee with significant posttraumatic osteoarthritis, and recommended a neoprene brace and requested three Hyalgan

injections with ultrasound guidance. The request for authorization dated 8-18-2015, requested a knee brace for left knee neoprene knee sleeve with medial/lateral support and an ultrasound Hyalgan injection x 3 for the left knee. The Utilization Review (UR) dated 9-1-2015, certified the request for a knee brace for left knee neoprene knee sleeve with medial/lateral support and modified the request for an ultrasound Hyalgan injection x 3 for the left knee to certify the Hyalgan injection x 3 for the left knee with the ultrasound non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Hyalgan injection x 3 for the left knee: 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 and 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, Hyaluronic Acid Injections, pages 311-313.

Decision rationale: Review indicates the request for Ultrasound Hyalgan injection x 3 for the left knee was modified to certify the Hyalgan injection; however, denied injection requiring ultrasound guidance. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, while Hyaluronic intra-articular injections may be an option for severe osteoarthritis, it is reserved for those with failed non-pharmacological and pharmacological treatments or are intolerant to NSAIDs therapy with repeat injections only with recurrence of severe symptoms post-injection improvement of at least 6 months. The patient continues with significant symptoms and clinical findings. Imaging of the knee noted degenerative disease with recent failed cortisone injection. Submitted reports have demonstrated clear supportive findings for the injection trial request; however, submitted reports have not demonstrated indication for ultrasound guidance beyond guideline recommendations. The Ultrasound Hyalgan injection x 3 for the left knee is not medically necessary and appropriate.