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| Case Number: | CM15-0182758 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 11/08/2013 |
| Decision Date: | 10/28/2015 | UR Denial Date: | 08/27/2015 |
| Priority: | Standard | Application Received: | 09/17/2015 |

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:

This 48 year old sustained an industrial injury on 11-8-13. Documentation indicated that the injured worker was receiving treatment for lumbar spine sprain and strain, lumbar radiculopathy and right knee sprain and strain. Previous treatment included physical therapy, acupuncture, individual psychotherapy and medications. Magnetic resonance imaging right knee (12-28-14) showed internal degeneration of the medial meniscus, a lateral meniscus tear, knee joint effusion and osteophyte formation at the lateral femoral condyle. The injured worker underwent right knee medial meniscectomy on 4-8-15. In a PR-2 dated 8-19-15, the injured worker complained of pain, stiffness and weakness to the cervical spine, lumbar spine, right knee and left hip associated with sleep issues. Physical exam was remarkable for right knee, cervical spine, lumbar spine and left hip with tenderness to palpation and spasms and "decreased" range of motion and strength to the right knee. The physician noted that the injured worker had been experiencing a lot of pain. The physician stated that the injured worker "did have arthritis in the knee during surgery." The treatment plan included continuing psychotherapy with biofeedback and psychological testing, continuing acupuncture twice a week for four weeks, requesting authorization for three Hyalgan injections for the right knee, a right knee brace and cane and medications (Metformin and Toprophan). On 8-27-15, Utilization Review noncertified a request for right knee Hyalgan injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan injections right knee: 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 Official Disability Guidelines (ODG) Knee, Hyaluronic Acid Injections, pages 311-313.

Decision rationale: Review indicates the patient underwent recent right knee meniscectomy in April 2015. There is no recent x-ray findings reported of significant osteoarthritis. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. 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 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. Submitted reports have not demonstrated clear supportive findings for the injection request, failed conservative treatment trial including cortisone injections, nor identified functional improvement of at least 6 months from prior injections rendered in terms of decreased pharmacological profile, treatment utilization or increased ADLs. The Hyalgan injections right knee is not medically necessary and appropriate.