

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0183819 | | |
| Date Assigned: | 09/24/2015 | Date of Injury: | 11/02/2013 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 08/28/2015 |
| Priority: | Standard | Application Received: | 09/18/2015 |

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 39-year-old male, who sustained an industrial injury on 11-2-13. The injured worker is currently diagnosed with left knee osteoarthritis. His work status is modified duty. A report dated 7-28-15 reveals the injured worker presented with complaints of constant bilateral knee pain that radiates down both of his legs and is rated at 4 out of 10. A physical examination dated 7-28-15 revealed "grade III-IV chondral lesion". Treatment to date has included surgical intervention (arthroscopic medial meniscal left grade II), physical therapy and extracorporeal shockwave therapy. Diagnostic studies to date have included x-rays and MRI. A request for authorization dated 8-24-15 for Hyalgan injections #3 is denied due to lack of documentation regarding discussion of a prior cortisone injection before considering the need for visco supplementation, per Utilization Review letter dated 8-28-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan Injections, Qty 3: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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

Decision rationale: Treatment to date has included surgical intervention 07/15/14 (arthroscopic medial meniscal left grade II), TENS unit, knee brace, physical therapy, medications and extracorporeal shockwave therapy. The patient may return to modified duty. ODG guidelines, Knee & Leg chapter, under Hyaluronic acid injections, state the following: 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). The patient is status post left knee surgery on 07/15/14. Per report 07/28/15, the patient presents with complaints of bilateral knee pain that radiates down both of his legs. Physical examination revealed "grade III-IV chondral lesion." MRI of the left knee from 05/02/14 revealed large flap tear of the posterior horn and body of the medial meniscus. There is no MRI or x-ray provided following the 07/15/14 left knee surgery. The treater recommended 3 hyalgan injections. In this case, without a diagnosis of osteoarthritis of the knee, imaging confirming osteoarthritis or objective findings pertinent to the request, the request cannot be supported. The request IS NOT medically necessary.