

Case Number:	CM15-0185535		
Date Assigned:	09/25/2015	Date of Injury:	03/12/2015
Decision Date:	11/06/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/21/2015

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, Georgia
 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 is a 53-year-old male, with a reported date of injury of 03-12-2015. The diagnoses include left knee osteoarthritis and left knee chondromalacia patella. Treatments and evaluation to date have included acupuncture treatment (some relief), and Orthovisc injections (good relief). The diagnostic studies to date have not been included in the medical records. The progress report dated 08-07-2015 indicates that the injured worker complained of left knee pain. The treating physician noted that the injured worker was a very good candidate for Hyalgan injections every week for five weeks due to his arthritis. The physical examination (06-16-2015 to 08-07-2015) showed left knee flexion at 130 degrees; left knee extension at 0 degrees; and tenderness to palpation of the left medial patella facet. It was noted that x-rays of the left knee on 04-09-2015 showed lateral patellar tilt and abnormal bony architecture in the left distal femur; and an MRI of the left knee on 01-16-2013 showed a focal deep chondral cleft and fissure along the medial patellar facet, a large medullary lesion within the femoral diaphysis, trace amount of joint fluid, intact menisci, cruciate, and collateral ligaments, and mild to moderate loss of the articular cartilage in the medial and lateral compartments. The treatment plan included Hyalgan injections. It was noted that the injured worker had good relief, long term with his previous injections. The injured worker's work status was noted as full duty with no restrictions. The request for authorization was dated 08-19-2015. The treating physician requested five left knee Hyalgan injections with ultrasound guidance. On 09-04-2015, Utilization Review (UR) non-certified the request for five left knee Hyalgan injections with ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 left knee Hyalgan injections with 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), knee & Leg (Acute & Chronic), 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, Synvisc injections.

Decision rationale: CA MTUS is silent on the utility of hyaluronic acid injections of the knee. ODG Knee chapter offers the following guidelines. Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, Failure to adequately respond to aspiration and injection of intra-articular steroids; Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. (Wen, 2000) Fluoroscopic or ultrasound guidance is not generally indicated. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarsophalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. In this case, the diagnosis is osteoarthritis and conservative therapy trials are documented. Hyalgan injection is medically indicated but the record does not justify the request for ultrasound guidance. 5 left knee Hyalgan injections with ultrasound guidance are not medically indicated.