

Case Number:	CM15-0187178		
Date Assigned:	09/29/2015	Date of Injury:	05/03/2008
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/23/2015

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 is a 55 year old female who sustained an industrial injury on 5-3-08. A review of the medical records indicates she is undergoing treatment for osteoarthritis of the left knee. Medical records (7-17-15 to 8-20-15) indicate ongoing complaints of left knee pain. The physical exam (7-17-15) reveals tenderness to palpation over the medial joint line and "mild" tenderness to palpation over the lateral joint line. The patellar grind test is noted to be "weakly positive". Full range of motion of the knee is noted. The treating provider indicates she "walks with a normal gait". Diagnostic studies have included MRIs of the left knee on 7-30-13 and 8-3-15. The most recent MRI of the left knee reveals subchondral injury to the medial component of the knee and degenerative changes of the knee with cartilage thinning in all three compartments. Treatment has included arthroscopic knee surgery with debridement of a medial meniscus tear, as well as synovectomy and chondroplasty on 3-27-11. She has also received corticosteroid injections and 2 different series of Hyalgan injections, as well as a medial unloader brace. The last injection series was completed in December 2014 and she is noted to have had "a small benefit" from the injections, which was "temporary" (7-17-15). The provider discussed injections, medications, weight loss, physical therapy and a total knee arthroplasty with the injured worker. The injured worker expressed interest in starting with physical therapy and Hyalgan injections. The utilization review (9-8-15) indicates a request for Hyalgan injections to the left knee 1 x 5. The requested treatment was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan injections to the left knee 1 x 5: 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).

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 ODG states that hyaluronic acid injections are indicated in the treatment of moderate to severe osteoarthritis that has failed conservative therapy. The patient does have osteoarthritis with failure of other treatment modalities. However the patient has also had hyaluronic acid injections with no documented objective benefit in pain or function. Therefore repeat injects are not medically necessary.