

Case Number:	CM15-0188828		
Date Assigned:	09/30/2015	Date of Injury:	04/18/2012
Decision Date:	11/09/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/25/2015

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 48 year old male, who sustained an industrial injury on 04-18-2012. The injured worker is currently able to work with modifications. Medical records indicated that the injured worker is undergoing treatment for severe degenerative joint disease of the right knee. Treatment and diagnostics to date has included right knee surgery and physical therapy. After review of the progress note dated 08-31-2015, the injured worker presenting status post right knee arthroscopy with chondroplasty (December 2014) and "severe degenerative joint disease". Objective findings included joint effusion, joint crepitus, and an antalgic gait on the right knee. An orthopedic evaluation dated 07-27-2015 noted that the injured worker has had recurrent effusion of his right knee which required aspirations in February 2015 and June 2015. The request for authorization dated 09-03-2015 requested Hyalgan 10mg per ml x 5 and 5 syringes. The Utilization Review with a decision date of 09-14-2015 non-certified the request for 1 series of Hyalgan injections for the right knee and 5 syringes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 5 hyalgan injections for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Knee & Leg (Acute & Chronic).

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 California MTUS and the ACOEM do not specifically address the requested service. Per the ODG section on leg and knee and hyaluronic acid injections, criteria for injections include patients who experience significantly symptomatic osteoarthritis without adequate response to conservative non-pharmacological and pharmacological treatments, documented symptomatic severe osteoarthritis of the knee, pain interferes with functional activities, failure to respond to aspiration and injection of intra-articular steroids, not candidates for total knee replacements and not indicated for any other indications. The patient does have the diagnosis of osteoarthritis however there is no documented failure of aggressive conservative therapy for 6-8 weeks and therefore the request is not medically necessary.

Five (5) syringes: 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) hyaluronic acid injections.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the ODG section on leg and knee and hyaluronic acid injections, criteria for injections include patients who experience significantly symptomatic osteoarthritis without adequate response to conservative non-pharmacological and pharmacological treatments, documented symptomatic severe osteoarthritis of the knee, pain interferes with functional activities, failure to respond to aspiration and injection of intra-articular steroids, not candidates for total knee replacements and not indicated for any other indications. The patient does have the diagnosis of osteoarthritis however there is no documented failure of aggressive conservative therapy for 6-8 weeks and therefore the request is not medically necessary. If the procedure is not necessary, then syringes for the procedure are not medically necessary.