

Case Number:	CM15-0190233		
Date Assigned:	10/02/2015	Date of Injury:	04/22/2010
Decision Date:	11/13/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 64 year old male, who sustained an industrial injury on 4-22-10. The injured worker was diagnosed as having symptomatic knee osteoarthritis and joint pain in left leg. Treatment to date has included Hyalgan injections to the right knee in December 2012 and medication including Naprosyn and Aspirin. On 8-20-15 the treating physician noted prior Hyalgan injections provided "excellent relief." Physical examination findings on 8-20-15 included a genu valgum deformity upon standing, active range of motion was 0-135 degrees, and strength was 5 of 5. Distal subjective sensation was intact. On 8-20-15, the injured worker complained of right knee pain. On 8-24-15 the treating physician requested authorization for a series of 3 Hyalgan injections for the right knee. On 8-31-15 the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan Knee injection, series of 3, 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 & Leg (Acute & Chronic), Hyaluronic acid injections.

Decision rationale: The injured worker sustained a work related injury on 4-22-10. The injured worker has been diagnosed of symptomatic knee osteoarthritis and joint pain in left leg. Treatment to date has included Hyalgan injections to the right knee in December 2012 and medication including Naprosyn and Aspirin. The medical records provided for review do not indicate a medical necessity for Hyalgan Knee injection, series of 3, right knee. The MTUS is silent on hyalgan injection, but the Official Disabilities Guidelines Criteria for Hyalgan (Hyaluronic acid injections are as follows: injections: 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; Generally performed without fluoroscopic or ultrasound guidance; 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) Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence; see Repeat series of injections above. 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. The medical records indicate the injured worker suffers from osteoarthritis of the right knee, but the osteoarthritis pain had significant improvement following Hyalgan injection in 2012. Since then, the injured worker has been controlling the pain with Naproxen; however, on one of the follow up visits the injured worker requested a repeat Hyalgan injection. There was no mention of pain or its disabling nature during this visit; the examination was unremarkable except for genu valgum. The requested treatment is not medically necessary since the injured workers clinical features at this time do not meet the guidelines requirement for hyaluronic acid injection.