

Case Number:	CM15-0193119		
Date Assigned:	10/07/2015	Date of Injury:	05/28/2014
Decision Date:	11/19/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/01/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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:

This is a 50 year old male with a date of injury on 5-28-15. A review of the medical records indicates that the injured worker is undergoing treatment for right knee pain. Progress report dated 8-25-15 reports 3 months post op. He reports increased swelling in the right knee after physical therapy (10-12 so far). He continues with pain that worsens with prolonged standing and flexion movement. Objective findings: focal tenderness along the medial and lateral joint line, range of motion is 0 to about 125 degrees of flexion with negative McMurray's sign. The plan is to hold physical therapy due to synovitis and arthritis, injection performed at this visit and will request hyalgan injections. MRI of right knee dated 1-6-15 revealed intra-menisal degeneration or softening and osteochondral injury. Treatments include: medication, physical therapy, knee brace, crutches, intra articular injection and arthroscopy. Request for authorization was made for Hyalgan injection series of 3, right knee. Utilization review dated 9-23-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan injection series of 3, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 & Leg, Hyaluronic Acid Injections.

Decision rationale: Hyalgan is the viscosupplement hyaluronic acid. It is 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. Criteria include severe osteoarthritis and interference of functional activities due to pain. 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). Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. In this case documentation in the medical record supports the diagnosis of chondromalacia. There is mild osteoarthritis. Hyalgan injections are not medically necessary. The request should not be authorized.