

Case Number:	CM15-0203523		
Date Assigned:	10/20/2015	Date of Injury:	03/28/2015
Decision Date:	12/01/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/15/2015

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 52 year old female who sustained an industrial injury on 3-28-15. The medical records indicate that the injured worker is being treated for sprain-strain of the right knee, right leg and right foot; right knee medial collateral ligament sprain exacerbated by underlying non-industrial medial compartment osteoarthritis. She currently (9-4-15) complains of recurrent medial sided right knee pain with occasional crunching sensation with crouching, kneeling and with stairs and feels that her leg is unsteady. Physical exam of the right knee shows diffuse tenderness throughout the medial side of her joint but less so now at the medial collateral ligament origin and there is no instability to varus or valgus stress testing. She had undergone an MRI (5-29-15) showing no intraarticular pathology, bone-to-bone collapse of medial compartment with subchondral sclerosis of the medial tibial plateau. Treatments to date include cortisone injection to right knee (7-31-15) with benefit for 3-4 weeks; medication: Tylenol, Colace, Dulera, omeprazole; knee immobilizer; ice and elevation. In the progress note dated 9-4-15 the treating provider requested 1 gel hyaluronic acid injection with level 3 office visit due to the degree of pain present (pain levels were not enumerated. The request for authorization dated 9-10-15 was for gel hyaluronic acid injection with level 3 office visit. On 9-17-15 Utilization Review non-certified the request for 1 gel hyaluronic acid injection with level 3 office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Gel hyaluronic acid injection with a level 3 office visit: 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 (2015).

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 not have the diagnosis of moderate to severe osteoarthritis that has failed conservative treatment and therefore the request is not medically necessary.