

Case Number:	CM15-0209347		
Date Assigned:	10/28/2015	Date of Injury:	04/16/2015
Decision Date:	12/09/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/23/2015

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: New Jersey

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 51 year old female who sustained an industrial injury on April 16, 2015. Medical records indicated that the injured worker was treated for left knee pain. Her medical diagnoses include mild left knee osteoarthritis; status post left knee arthroscopy with partial medial meniscectomy and arthroscopic chondroplasty of the patella and medial femoral condyle and lumbosacral strain. In the provider notes dated from July 8, 2015 to September 30, 2015 the injured worker reported improvement in left knee pain. She has mild to moderate pain and is managing her pain with pain medications. She has difficulty with prolonged standing and kneeling. She complains of progressive low back pain. On exam, the documentation stated that the left knee had moderate tenderness over the medial joint line, "range of motion: 0 to 120 degrees is pain free", no instability and quad strength was 4 out of 5 and neurologically intact. She continues to have weight bearing pain. The treatment plan is for a series of 5 left knee hyaluronic acid injections and ongoing physical therapy once a week for 6 weeks. A Request for Authorization was submitted for series of 5 hyaluronic acid injections to the left knee. The Utilization Review dated October 16, 2015 denied series of 5 hyaluronic acid injections to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyaluronic acid injections, left knee, series of 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: Knee & Leg - 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 and Leg section, Hyaluronic acid injections.

Decision rationale: The MTUS Guidelines do not mention hyaluronic acid injections for the knee. The ODG, however, states that they are recommended as a possible option for severe osteoarthritis for those patients who have not responded adequately to recommended conservative treatments such as exercise and NSAIDs or acetaminophen and steroid injections for the purpose of delaying total knee replacement surgery, although the overall benefit from trials seems to be modest at best. There is insufficient evidence for using hyaluronic acid injections for other conditions besides severe osteoarthritis, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. Also, repeat injections are generally allowed in cases where significant benefit was documented for more than 6 months after the previous injection. In the case of this worker, there was recent chondroplasty/menisectomy performed on the left knee, and this would require more observation and physical therapy first before considering any injections. Also, upon review of the documents provided, there was record of a left knee x-ray on 4/17/2015 which was normal (no osteoarthritis). Also, the request was for a series of 5 injections which is excessive. Therefore, considering the above reasons, it appears this request is not medically necessary.