

Case Number:	CM15-0023723		
Date Assigned:	02/13/2015	Date of Injury:	12/13/2013
Decision Date:	04/06/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/09/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old female who reported an injury on 12/13/2013. The mechanism of injury was a fall. The diagnoses included chronic patellofemoral pain with articular cartilage breakdown. The medications include Advil. Prior therapies included physical therapy and a TENS unit. The injured worker underwent an MRI of the right knee on 01/07/2014 which revealed minimal degenerative signal posterior horn medial meniscus and no evidence of a meniscal tear. The injured worker underwent x-rays of the right knee on 04/17/2014 which revealed a patellar tilt. The documentation of 12/24/2014 revealed the injured worker had complaints of knee pain. The surgical history was noncontributory. The physical examination revealed the injured worker had a weak straight leg raise against resistance on the right versus the left. The injured worker had poor "VMO" development. There was medial parapatellar tenderness. The ligaments were intact to clinical examination. Flexion was near full, but painful with the last 30 degrees of flexion. Sensation was normal. The injured worker underwent x-rays which revealed the injured worker had primarily 1 large, lateral facet of contact on the patella. The injured worker had well preserved weight bearing joint spaces and well preserved patellofemoral joint spaces. The patellae were anatomically with the lateral facet curving over the femoral sulcus some. The treatment plan included physical therapy and a TENS unit as well as a patellar stabilizing brace and Visco supplementation. There was no request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan injection-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; treatment index, 11th edition (web) 2014, 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 & Leg Chapter, Hyaluronic acid injections.

Decision rationale: The Official Disability Guidelines indicate that hyaluronic acid injections are recommended as a possible option for injured workers with severe osteoarthritis who have not responded adequately to recommended conservative treatments, and including exercise, NSAIDs or acetaminophen, and to potentially delay a total knee replacement. Additionally, hyaluronic acid injections are not recommended for chondromalacia patella, facet joint arthropathy, or patellofemoral syndrome. The clinical documentation submitted for review failed to indicate the injured worker had osteoarthritis upon physical examination or radiologic examination. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the quantity of hyaluronic acid injections being requested. Given the above, the request for Hyalgan injection-right knee is not medically necessary.