

Case Number:	CM15-0036695		
Date Assigned:	03/05/2015	Date of Injury:	08/05/2007
Decision Date:	04/16/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/27/2015

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, Hawaii
 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 50 year old female who sustained an industrial injury on August 5, 2007. There was no mechanism of injury documented. The injured worker was diagnosed with left knee osteoarthritis. The injured worker underwent arthroscopic partial medial meniscectomy with shaving and debridement of the medial femoral condyle in March 2008. According to the primary treating physician's progress report on January 14, 2015, the physician documents that the injured worker has had beneficial results from Hyalgan injections in the past. There was no documented date of the last series of Hyalgan. There was no examination of the knee during this visit. The primary treating physician's progress report on August 13, 2014 notes the injured worker has some tenderness and pain with some crepitus and minimal effusion seen. She ambulates slightly crouched forward with a slight abnormal gait. No assistive devices were noted. Current medications were not listed. Treatment modalities consist of heat to the left knee and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan injection for the left knee times 5: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) in Workers' Compensation, Online Edition, Chapter: Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (Acute & Chronic) Hyalgan injection.

Decision rationale: The patient presents with pain affecting the left knee. The current request is for Hyalgan injection for the left knee times 5. The treating physician's appeal for authorization letter dated 1/14/15 (18B) states, I had sent in a request for a series of five Hylalgan injections, which have allowed the patient to function in a much better fashion, however, for unknown reasons, the case reviewer denied appropriate medical treatment for this patient. She has done well with previous Hyalgan injections and did not have to proceed with any surgery for six and half years having had her last procedure on March 7, 2008. The letter goes on to state, Due to the fact that the Hyalgan injections have worked so well for her, allowing her to function in a much improved fashion, it was felt that this would be medically appropriate. It would also delay the need for any type of knee replacement. The MTUS guidelines do not address Hyalgan injections. ODG Knee & Leg (Acute & Chronic) guidelines state Hyaluronic acid injections are, 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. The ODG guidelines goes into further detail for the criteria of Hyaluronic acid injections and states, 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. In this case, the patient presents with severe osteoarthritis of the knee and has not responded adequately to conservative treatments. Furthermore, the patient wishes to delay total knee replacement. A previous series of injections improved the patient's functioning and allowed her to avoid surgery for an extended period of time. The patient does not wish to have a steroid injection and would rather proceed with treatment from which she has previously had success. The current request for an additional series of injections satisfies the ODG guidelines as the patient experienced a significant improvement in symptoms for a period greater than 6 months. Recommendation is for authorization.