

Case Number:	CM15-0041687		
Date Assigned:	03/11/2015	Date of Injury:	04/18/2012
Decision Date:	04/21/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/05/2015

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: Internal 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:

The injured worker is a 47-year-old male with an industrial injury dated April 18, 2012. The injured worker diagnoses include status post right knee arthroscopy on 12/11/2014, knee arthritis and lateral meniscal tear. He has been treated with X-ray of the bilateral knee, physical therapy, prescribed medications and periodic follow up visits. According to the progress note dated 2/4/2015, the treating physician noted improvement in the injured worker status and the injured worker reported no complications with wound status post right knee arthroscopy. X-ray of bilateral knees performed on 2/4/2015 revealed mild degenerative joint disease of the right knee and moderate to severe of the left knee from previous anterior cruciate ligament surgery. Treatment plan consists of injections for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 5 Hyalgan injections for the 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 and Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Hyaluronic acid injections. ACOEM 3rd Edition Knee disorders (2011) <http://www.guideline.gov/content.aspx?id=36632>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses injections of the knee. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints (Page 339) states that invasive techniques are not routinely indicated. ACOEM 3rd Edition (2011) does not recommend Hyaluronic acid injections for knee disorders. Official Disability Guidelines (ODG) indicates that 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 progress report dated 2/4/15 documented that X-rays show mild degenerative joint disease of the right knee. Official Disability Guidelines (ODG) indicates that Hyaluronic acid injections are a possible option for osteoarthritis that is severe. Mild degenerative joint disease of the right knee was demonstrated on the X-ray. Because the X-ray demonstrated mild degenerative joint disease, the ODG criteria are not met. ACOEM 2nd Edition (2004) indicates that invasive techniques are not routinely indicated. ACOEM 3rd Edition (2011) does not recommend Hyaluronic acid injections for knee disorders. The request for Hyalgan injections not supported by ACOEM or ODG guidelines. Therefore, the request for Hyalgan injections of the right knee is not medically necessary.