

Case Number:	CM15-0041773		
Date Assigned:	03/12/2015	Date of Injury:	12/10/2011
Decision Date:	04/15/2015	UR Denial Date:	03/02/2015
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: Emergency 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 58-year-old female who sustained an industrial injury on 12/10/11. The injured worker reported symptoms in the back and lower extremities. The injured worker was diagnosed as having left knee osteoarthritis, left knee medial meniscus tear, lumbosacral strain with mechanical discogenic low back pain, right L5 radiculopathy, and L4-5, L5-S1 right paracentral disc protrusion. Treatments to date have included epidural steroid injection and epidural blocks. Currently, the injured worker complains of lower back pain with radiation to the right lower extremity. Left knee exam was positive for McMurray's, Patello-Femoral Grind and crepitus. X-rays were positive for osteoarthritis of knee. Last Hyalgan injection was 7/14 and was reportedly "helpful." The plan of care was for Viscosupplementation injections and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan (Viscosupplementation) Injection Left Knee x 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Knee and Leg: Hyalurinic acid injection.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, Hyalgan injections may be recommended in patient's with severe osteoarthritis of the knees under certain criteria. Patient had reported prior injection of the knee on 7/2014. ODG recommends additional injections only if pain relief and improvement in function lasts beyond 6months. Provider documents that the injections were "helpful" but failed to document level of improvement or length of improvement after prior Hyalgan injection. Additional series of Hyalgan injection is not supported by documentation.