MAXIMUS Federal Services

Case Number:	CM15-0058040		
Date Assigned:	04/02/2015	Date of Injury:	04/01/2004
Decision Date:	05/01/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/26/2015

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, Indiana, New York
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 53-year-old male who sustained an industrial injury on 4/1/2004. His diagnoses, and/or impressions, include internal derangement of right knee, status-post meniscectomy; internal derangement of the left knee, status-post surgical intervention (2009) right wrist strain (unclear to coverage); and discogenic lumbar pain (unclear as to coverage). Current, 2015, left knee x-rays were stated to have been done. His treatments have included left knee surgery (2009); right knee surgery (date not noted); injection therapy - right knee (12/2014) with good relief; bilateral knee braces worn out and too small due to weight gain; hot/cold therapy; transcutaneous electrical stimulation unit therapy in need of pads; urine toxicology screening; laboratories; and medication management. The progress notes of 2/24/2015, shows complaints of bilateral knee pain and low back pain. The physician's requests for treatments included Hyalgan injection therapy to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan injections RT knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Hyaluronic Acid Injection.

Decision rationale: Pursuant to the Official Disability Guidelines, Hyalgan is injection(s) to the right knee is not medically necessary. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients with not responded adequately to recommended conservative treatments (exercise, non-steroidal anti-inflammatory drugs or Tylenol to potentially delay the replacement. The criteria for hyaluronic acid injections include, but are not limited to, patients experience significant symptomatic osteoarthritis but have not responded adequately to conservative pharmacologic and nonpharmacologic treatment; documented objective (and symptomatic) severe osteoarthritis of the knee that may include bony enlargement, bony tenderness over the age of 50; pain interferes with functional activities; failure to adequately respond to aspiration and injection of intra-articular steroids; generally performed without fluoroscopy ultrasound; are not candidates for total knee replacement or failed previous knee surgery from arthritis repeat series of injections-if documented significant improvement for six months or more it may be reasonable to perform another series. Hyaluronic acid is not recommended for other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis desiccans, patellofemoral arthritis, patellofemoral syndrome, etc. In this case, the injured worker's working diagnoses are internal derangement right knee, status post meniscectomy; internal derangement of the knee on the left; wrist sprain on the right; discogenic lumbar condition; and 40 pound weight gain with sleep issues, depression and stress. Subjectively, according to a February 24, 2015 progress note, the injured worker has complaints of low back pain and knee pain. The discussion involved prior surgeries and Hyalgan injections. Braces for both knees have worn out. He has not had physical therapy for years and was denied a gym membership in the recent past. Objectively, the treating provider indicates there is tenderness along the outer patella on the right and along the joint line mainly bilaterally with no instability. There are no other objective physical findings documented in the medical record reflecting a complete knee examination. The criteria for Hyalgan (hyaluronic acid injections) include significant symptomatic osteoarthritis that have not responded to conservative pharmacologic and nonpharmacologic treatment; documented objective severe osteoarthritis of the knee that may include bony enlargement, bony tenderness that interferes with functional activity. There is no documentation of significant symptomatic osteoarthritis and no documentation of objective severe osteoarthritis of the knee. There is no documentation of prior aspiration and injection of intra-articular steroids. Standing x-rays in December 2014 showed a 2 mm articular surface left. The criteria for hyaluronic acid injections have not been met. Consequently, absent clinical documentation to support hyaluronic acid injections, Hyalgan injection(s) to the right knee is not medically necessary.