

Case Number:	CM14-0121094		
Date Assigned:	09/22/2014	Date of Injury:	01/02/2014
Decision Date:	10/21/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is 46 year old male with an injury date of 01/02/14. Per the 07/02/14 report by ■■■■■ the patient presents for a follow up post knee arthroscopy/surgery. No examination was stated. The 06/24/14 operative report lists the following procedures: right knee medial and lateral meniscectomy and Chondroplasty. The patient's post-operative diagnoses include: 1. Right knee medial meniscectomy, lateral meniscectomy, 2. Degenerative joint disease, right knee, 3. Chondral injury, right knee, 4. Obesity, 5. Hypertension, 6. Medial meniscus tear, lateral meniscus tear, 7. Grade 3 chondral injury, medial femoral condyle, 8. Grade 3 chondral injury, medial tibial plateau, 9. Grade 3 chondral injury; later tibial plateau, 10. Grade 3 change patellofemoral joint. No patient's diagnoses were stated on the 07/02/14 report. The utilization review being challenged is dated 07/23/14. Treatment reports were provided from 05/12/14 to 07/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyaglan injections times five-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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg section

Decision rationale: The patient present for follow up post 06/24/14 lateral and medial meniscectomy and chondroplasty of the right knee. The treater requests for Hyalgan (Hyaluronic acid) injections X 5 right knee. MTUS is silent on 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." In this case, there is a diagnosis of degenerative joint disease of the right knee and Hyalgan injections appear warranted. However, the treater has asked for series of 5 injections and ODG states that there was no difference between 3 or 6 consecutive injections. While a series of 3 injections may be reasonable, the requested series of 5 is not supported. Recommendation is for denial.