

Case Number:	CM14-0142526		
Date Assigned:	09/10/2014	Date of Injury:	12/15/1989
Decision Date:	10/14/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/02/2014

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 a 48 year old male with a work injury dated 12/15/89. The diagnoses include chronic right knee pain status post 3 surgeries. Under consideration is a request for 3 Hyalgen injections under ultrasound guidance (between 7/9/14 and 9/21/14). There is a primary treating physician report dated 8/15/14 that states that the patient has right knee pain. The patient stepped on a potato and heard his knee pop. He has had 3 knee surgeries. On 5/7/14 the patient's knee was about the same. He had Hyalgen which lasted for a few months. The patient will ask for approval. On 8/15 the patient needs Hyalgen right knee. The diagnosis is status post right knee surgery x 3 in 1999 and candidate for TKR (2009). On exam there is no swelling. There is mild medial side knee tenderness. There is normal knee flexion. There is no right knee swelling. There is medial and lateral side tenderness and normal knee flexion. There is medial and lateral joint line tenderness and a positive crepitus and apprehension test. The impression is right knee post arthroscopic surgery. The left knee strain compensates for the right and the patient wears a brace. Right knee degenerative joint disease- patient needs a total knee replacement and will receive Hyalgen. Hyalgen given and tolerated well.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Hyalgen injections under ultrasound guidance: 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 Official Disability Guidelines (ODG) Knee and Leg-Hyaluronic acid injections

Decision rationale: 3 Hyalgan injections under ultrasound guidance are not medically necessary per the ODG guidelines. The MTUS is silent on hyaluronic acid injections. The ODG states that the criteria for Hyaluronic acid injections include that the patient must significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) treatments after 3 months. In addition to this, there needs to be documented symptomatic severe osteoarthritis of the knee according the American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³);-The criteria also state that patients are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. The documentation does not indicate that the patient meets the definition of severe osteoarthritis of the knee according to the American College of Rheumatology which requires 5 out of the 9 ACR signs as stated above. The documentation states that the patient is a candidate for a total knee arthroplasty but does not discuss details of whether there is a plan to delay this or not. The request does not specify which knee will be injected. The ODG states that the injections are to be done without fluoroscopic guidance. For these reasons the request for 3 Hyalgan injections under ultrasound guidance are not medically necessary.