

Case Number:	CM14-0148780		
Date Assigned:	09/18/2014	Date of Injury:	02/25/2011
Decision Date:	10/17/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/12/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 58-year-old female with a 2/25/11 date of injury; the mechanism of the injury was not described. The patient underwent shoulder surgery in 11/2013. The patient was seen on 7/31/14 with complaints of weakness and collapsing in the left knee. The patient also reported stress, sleep disturbances and depression. The patient was minimizing chores. Exam findings revealed blood pressure 167/78, pulse 75, and tenderness along the lateral knee with weakness and resisted function. Knee extension was 180 degrees and flexion was 120 degrees. The note stated that the patient had 5 Hyalgan injections to the right knee that were very helpful. The patient was referred to psychiatrist. The patient's medications were: Flexeril, Valium, Neurontin, Tramadol ER and naproxen. The diagnosis is chronic right knee pain, multilevel cervical and lumbar disc degenerative disease, bilateral carpal tunnel syndrome, insomnia and depression. Standing radiographs of the left knee (undated, the radiology report was not available for the review) revealed bone to bone laterally. Treatment to date: 5 Hyalgan injections, work restrictions and medications. An adverse determination was received on 8/15/14 given that there were no records indicating a history of ongoing symptomatic complaints for the left knee or a history of objective exam findings consistent with a diagnosis of osteoarthritis.

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 to the left knee per report dated 07/31/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated ;Treatment/Disability Duration Guidelines; Knee & Leg (Acute & Chronic); regarding Hyaluronic acid Injections

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 Chapter hyaluronic acid injections

Decision rationale: CA MTUS does not address this issue. ODG recommends visco-supplementation injections in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies; or is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; or a younger patient wanting to delay total knee replacement; and failure of conservative treatment; and plain x-ray or arthroscopy findings diagnostic of osteoarthritis. There is a lack of documentation indicating a history of ongoing left knee pain or objective examination findings consistent with symptomatic osteoarthritis. The radiographs of the left knee were not available for the review. In addition, it is not clear if the patient tried and failed standard pharmacologic and non-pharmacologic treatments for her left knee symptoms. Therefore, the request for Series of 5 Hyalgan Injections to the left knee per report dated 07/31/2014 is not medically necessary.