

Case Number:	CM14-0172771		
Date Assigned:	10/23/2014	Date of Injury:	01/18/2013
Decision Date:	12/03/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/20/2014

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 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 47 year old female who had a work injury dated 1/18/13. The diagnoses include chronic knee pain with meniscal tear and degenerative disease. Under consideration are requests for Hyalgan injections for the left knee #5. There is a 9/19/14 appeal for Hyalgan injections denial that states that the patient was originally seen in the practice on 5/23/14. At that time, she informed her providers had physical therapy and 3 left knee steroid injections which provided no relief. She had ongoing left knee pain with radiation to the left leg and associated numbness and weakness in her left leg and foot. She was diagnosed with left knee sprain, which was caused by work activities. She continued to report the same complaints during follow-up visits of 6/20/14, 1/18/14 and 8/21/14. By her latest report, her pain level averaged 9/10. She reported that a left knee brace was helping. She also reported some benefit from a left knee injection the prior week. There was a request for authorization of five Hyalgan injections to address degenerative chondromalacia and arthritic changes. The document noted that the patient was not a surgical candidate. The most recent diagnoses were sprain of unspecified site of knee and leg. There is a 5/23/14 document that states that the patient had an MRI scan of the left knee was obtained. She received six sessions of physical therapy and used TENS unit, both of which provided her no relief. She also received three left knee steroid injections which provided her no relief. An 8/11/14 document states that the left knee degenerative knee disease is so bad that there is no indication for repair other than a knee replacement. A 5/23/14 examination of the right knee reveals full range of motion but painful. There is edema and crepitus. There is tenderness to palpation over the medial and lateral joint lines. There is negative anterior drawer test, negative posterior drawer test; negative instability (valgus/varus) and negative McMurray's test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan injections for the left knee #5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Hyalgan injections for the left knee #5 are not medically necessary per the ODG Guidelines. The MTUS does not specifically address Hyalgen injections. The ODG states that one of the criteria for hyaluronic injections is that there must be documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; over 50 years of age. The documentation does not indicate that the patient meets the criteria for severe osteoarthritis on physical exam. There are no objective x-ray findings of her knee arthritis. The request for Hyalgan injections for the left knee #5 is not medically necessary.