

Case Number:	CM15-0013673		
Date Assigned:	02/02/2015	Date of Injury:	12/15/2007
Decision Date:	03/20/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/23/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 71-year-old female, with a reported date of injury of 12/15/2007. The diagnosis includes internal derangement of the left knee. Treatments have included oral medications. The progress report dated 12/08/2014 indicates that the injured worker had lower backache and right hip pain. The pain level increased since the last visit. The injured worker complained of increased right shoulder pain. An examination of the left knee showed several papules on the anterior tibia aspect; no limitation noted in flexion, extension, internal rotation, or external rotation; tenderness to palpation noted over the lateral joint line, medial joint line, patella, and popliteal fossa; moderate effusion in the left knee joint; pain with the varus stress test; and the examination was limited due to pain. The treating physician requested left knee hyaluronic injection since the injured worker continued to have left knee pain. On 12/30/2014, Utilization Review (UR) denied the request for a left knee hyaluronic injection, noting that there was no documentation of a prior knee continuous sciatic (CSI) peripheral nerve block. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Hyaluronic Injection: 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 Knee and Leg section, Hyaluronic acid injections

Decision rationale: The MTUS Guidelines do not mention hyaluronic acid injections for the knee. The ODG, however, states that they are recommended as a possible option for severe osteoarthritis for those patients who have not responded adequately to recommended conservative treatments such as exercise and NSAIDs or acetaminophen and steroid injections for the purpose of delaying total knee replacement surgery, although the overall benefit from trials seems to be modest at best. There is insufficient evidence for using hyaluronic acid injections for other conditions besides severe osteoarthritis, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. Also, repeat injections are generally allowed in cases where significant benefit was documented for more than 6 months after the previous injection. In the case of this worker, she has mild to moderate degenerative joint disease in the left knee seen on x-ray with persistent knee pain. She had tried corticosteroid injections which reduce her pain for only 3 weeks. There is no record found that she had tried hyaluronic acid injections in the past, from the record provided for review. Although it may seem reasonable to consider at least one trial injection in the case, since it is only moderate and not severe osteoarthritis, documentation of results would have to be very detailed in order to justify continuation, if it were to help. There was insufficient baseline documentation of the function and pain levels specifically for her left knee in order to best compare these after the hyaluronic injection of the left knee. Therefore, the hyaluronic injection for now will be considered medically unnecessary until this can be documented.