

Case Number:	CM15-0016351		
Date Assigned:	02/04/2015	Date of Injury:	02/02/2010
Decision Date:	03/20/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/28/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 34 year old male who sustained an industrial injury to his left knee while herding cattle on February 2, 2010. The injured worker was diagnosed with lateral and partial anterior cruciate ligament tear, lumbar spine sprain and L5-S1 broad based disc protrusion. The injured worker underwent arthroscopy of the left knee left on September 4, 2014 followed by physical therapy. According to the primary treating physician's progress report on December 31, 2014, the injured worker continues to experience swelling of the left knee with improved range of motion having completed 16 physical therapy sessions. There were no radicular symptoms to the lower extremities. Current medications include Naproxen, Norco and Omeprazole and topical analgesic creams. The treating physician requested authorization for Hyalgan (Viscosupplementation) injection x5 to the left knee. On January 9, 2015 the Utilization Review denied certification for Hyalgan (Viscosupplementation) injection x5 to the left knee. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan (viscosupplementation) injection x5 to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee & Leg, Hyaluronic acid injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA approved package insert

Decision rationale: The FDA determines the dose and indication for drugs on the US market. Hyalgan is administered in a course of up to a maximum of three injections and never for 5 injections into the same knee. The requested five injections to the same knee is not consistent with FDA approved dose and is experimental and investigational treatment.