

Case Number:	CM15-0017286		
Date Assigned:	02/05/2015	Date of Injury:	02/11/2009
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/29/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old male who sustained an industrial left knee injury reported on 2/11/2009. He has reported bilateral knee pain, right > left. The diagnoses have included joint pain left leg; degenerative joint disease; and right knee lateral patellar facet chondromalacia. Treatments to date have included multiple consultations; diagnostic imaging studies; left total knee arthroplasty (9/30/09); partial right knee medial meniscectomy; physical therapy; steroid injection therapy; successful hyaluronate compound injections therapy to the right knee; and medication management. The work status classification for this injured worker (IW) was noted to be temporarily totally disabled. On 1/12/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/3/2015, for a (repeat) series of 3 right knee injections with Hyaluronate compound, requested by the IW. The Official Disability Guidelines, knee & leg chapter, criteria for Hyaluronic acid injections, was cited. The progress report, dated 12/1/2014, noted that the pain to the right knee is most likely caused by the long-standing left knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 right knee injections with hyaluronate compound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg (Acute & Chronic) guidelines state Hyaluronic acid injections

Decision rationale: Per the 12/01/14 report the patient presents with bilateral knee pain. Chronic right knee pain is documented since 2012 and is now described as severe. The current request is for SERIES OF 3 RIGHT KNEE INJECTIONS WITH HYALURONATE COMPOUND. The RFA is not included. The 01/12/15 utilization review states this is a prospective request from the RFA dated 01/12/15. Treatment reports dated 07/01/14 to 12/01/14 include this request. The patient is not working. ODG Knee & Leg (Acute & Chronic) guidelines state Hyaluronic acid injections are, "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best." The 12/01/14 report states the patient underwent right knee injections of unspecified date with a previous physician with "likely Hyaluronate compound." The patient states pain relief lasted 3 months and desires repeat injections. The treating physician cites an x-ray right knee of 01/06/12 that provides an impression of Mild degenerative changes. The patient has a diagnosis of Degenerative joint disease, is prescribed a regimen of pain medications including opioids, and right knee pain is worsening. Examination shows tenderness over both knees. The request for an MRI of the right knee was denied. In this case the patient only meets some criteria for Hyaluronic acid injections. 1. The patient has not responded to conservative treatment, 2. The patient has a diagnosis of Degenerative joint disease; however, there is no documented severe symptomatic osteoarthritis such as bony enlargement, bony tenderness, crepitus or less than 30 minutes of morning stiffness. 3. Pain does interfere with functional activities, 4. He is not a candidate for total knee replacement or has failed prior surgery. 5. Repeat injections require documented improvement for 6 months. In this case, there is limited documentation of 3 months of improvement. Based on the documentation submitted for review there is not sufficient clinical support in the reports provided to recommend the requested injections. Therefore, the request IS NOT medically necessary.