

Case Number:	CM15-0121031		
Date Assigned:	07/01/2015	Date of Injury:	08/17/2012
Decision Date:	07/30/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57-year-old female who reported an industrial injury on 8/17/2012. Her diagnoses, and/or impressions, are noted to include: degeneration of the lumbar inter-vertebral discs; radicular syndrome of the upper limbs; lumbar radiculopathy; low back pain; numbness; lumbar stenosis; paresthesias; lumbosacral "spondyloarthritis"; pain in limb; radiculopathy; degeneration of cervical inter-vertebral discs; neck sprain; lumbar sprain; cervical "spondyloarthritis"; and displacement of lumbar intervertebral disc without myelopathy. No current x-rays or electrodiagnostic studies were noted; magnetic resonance imaging studies of the lumbar spine were said to be done on 7/15/2014. Her treatments have included consultations; an agreed medical examination with supplemental reports (1/21/15); injection therapy; physical therapy; Pilates therapy; heel wedges; Hyalgan injection therapy; medication management; and work restrictions with a more recent return to full duty work. The progress notes of 1/13/2015 notes a fall onto both knees with complaints of being over-all improved but with occasional soreness and pain over the compartments of both knees; a surgical arthroscopy to the right knee on 7/16/2014, and left knee on 3/27/2012; and future medical care which included anti-inflammatory medications, to include hyaluronic viscosupplementation to both knees. The progress notes of 5/19/2015 reported complaints of nearly constant left pain in the knee cap that swells-up and locks-up, but does not give-out, status-post left knee surgery, and that interferes with her activities of daily living. Objective findings were noted to include left hip effusion with crepitus and tenderness to the left lateral joint line; with positive Obers test and positive McMurray's test of the left knee. The impression was for left knee pain status-post partial left knee meniscectomy, chondroplasty and debridement, with early osteoarthritis and iliotibial band frictions syndrome. The physician's requests for treatments were noted to include the use of hyaluronic viscosupplementation with injectable hyaluronic acid for osteoarthritis. The Utilization Review notes the request for Hyalgan injection to the right knee, under ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee Hyalgan injection 1 x 5 under ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Hyaluronic acid or Hylan.

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

Decision rationale: The claimant sustained a work injury in August 2012 and continues to be treated for knee pain. She underwent left knee surgery in March 2012 and right knee surgery in July 2014. When seen, she was having left knee pain. Knee pain was present 80% of the period there had been episodes of locking and popping with swelling. Physical examination findings included a BMI of nearly 30. There was right knee crepitus. X-rays were obtained showing symmetrical mild to moderate joint space narrowing. Prior treatments had included a series of viscosupplementation injections for the left knee. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. In this case, the claimant has no right knee complaints. There were no physical examination findings of the right knee that suggest the presence of severe arthritis and there is no evidence of severe osteoarthritis affecting either knee by x-ray. The requested series of injections for the right knee was not medically necessary.