

Case Number:	CM15-0123127		
Date Assigned:	07/07/2015	Date of Injury:	12/03/2014
Decision Date:	07/31/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/25/2015

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 58-year-old female, who sustained an industrial injury on 12/03/2014. She reported slipping and falling injuring the right knee and low back. Diagnoses include right traumatic knee pain, right medial meniscus tear, status post left knee arthroscopic ACL reconstruction, and left knee effusion, left knee meniscus tear, status post left arthroscopy. Treatments to date include anti-inflammatory, narcotic, physical therapy, and cortisone joint injection. Currently, she complained of increased left knee pain. On 6/8/15, the physical examination documented effusion of the left knee. The plan of care included one series of five (5) Hyalgan injections, once a week to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) series of five (5) hyalgan injections, once a week to the left knee: 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), Knee & Leg (Acute & Chronic) - Hyaluronic acid injections.

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 December 2014 and continues to be treated for knee pain. She underwent a left knee arthroscopic partial meniscectomy in March 2015. When seen, and she was taking ibuprofen with minimal relief. She had undergone a corticosteroid injection, which had only helped for a short period of time. There had been some relief with physical therapy but she had ongoing pain. There was normal range of motion with a small effusion. Imaging results from December 2014 were reviewed and had been negative for arthritis. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. There is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). In this case, the claimant has no findings by physical examination or x-ray of severe osteoarthritis. The requested series of injections was not medically necessary.