

Case Number:	CM15-0175639		
Date Assigned:	09/17/2015	Date of Injury:	02/21/2011
Decision Date:	10/23/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/08/2015

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 50 year old male with an industrial injury dated 02-21-2011. A review of the medical records indicates that the injured worker is undergoing treatment for right knee grade II-III chondromalacia with mild subchondral reactive marrow edema, right knee malalignment, right knee status post-surgery-patellofemoral malalignment on 05-05-2015, and right knee with focal moderate grade chondral fissuring at the lateral patellar facet minimal pes anserine bursal fluid. Treatment consisted of Magnetic Resonance Imaging (MRI) on 6-21-2012 and 9-16-2014, prescribed medications, and periodic follow up visits. In an operative report dated 05-05-2015, the injured worker underwent an operative arthroscopy of the right knee with a partial medial meniscectomy, a subcutaneous lateral release, a patelloplasty, a partial synovectomy, chondroplasty of femoral groove, and arthrotomy of the right knee with medial capsular reconstruction as described by install and removal of loose bodies with intraarticular injection. Medical records (6-9-2015) indicate right knee pain with complaints of swelling and tenderness due to recent surgery and painful movement. Right knee exam (6-9-2015) revealed tenderness to palpitation, quadriceps atrophy, crepitus, effusion, limited flexion and antalgic gait favoring the right. In a progress note dated 07-28-2015, the injured worker reported progression of right knee pain since last evaluation. The treating physician reported that the injured worker has completed post-operative therapy but remains symptomatic. Physical exam (07-29-2015) revealed moderate distress and global tenderness of the right knee. The treating physician reported that the x-ray of the right knee revealed progressive osteoarthritis. The treating physician prescribed services for

Series of 5 Hyalgan injections under ultrasound guidance to right knee, now under review. The original utilization review (08-14-2015) denied the request for series of 5 Hyalgan injections under ultrasound guidance to right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 5 Hyalgan injections under ultrasound guidance to right knee: Overturned

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 Chapter, 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 chapter, under Hyaluronic acid injections.

Decision rationale: Based on the 7/29/15 progress report provided by the treating physician, this patient presents with increased right knee pain. The treater has asked for Series of 5 Hyalgan injections under ultrasound guidance to right knee on 7/29/15. The patient's diagnosis per request for authorization dated 8/7/15 is OA. The patient is s/p X-rays of the right knee (three views) and tibia (two views) which show progressive osteoarthritis per 7/29/15 report. The patient has constant bilateral knee pain with reduced range of motion and tendency to give way per 8/4/15 report. The patient is s/p left knee surgery, unspecified, from 1998 per 8/4/15 report. The patient's work status is temporarily totally disabled per 8/4/15 report. ODG guidelines, Knee & Leg chapter, under Hyaluronic acid injections, state the following: 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. See recent research below. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. In this case, the provider is requesting a series of Hyaluronic acid injections for this patient's worsening right knee pain. The patient has not had prior hyaluronic injections per review of reports dated 1/28/15 to 8/4/15. The most recent MRI was dated 6/21/12, and showed right knee Grade 2-3 chondromalacia with mild subchondral reactive marrow edema per 8/4/15 report. However, X-rays of the right knee showed progressive osteoarthritis. Given this patient's condition, a series of Hyaluronic injections is substantiated and could produce significant benefits for this patient. Therefore, the request IS medically necessary.