

Case Number:	CM15-0177395		
Date Assigned:	09/18/2015	Date of Injury:	09/26/2014
Decision Date:	10/20/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 67-year-old female, who sustained an industrial-work injury on 9-26-14. She reported initial complaints of left shoulder, knee and back pain. The injured worker was diagnosed as having contusion-sprain left shoulder, impingement syndrome rotator cuff tendonitis left shoulder, contusion left wrist-hand with moderate to high grade bone contusion affecting the lunate proximal medial surface, a partial thickness tear of the triangular fibrocartilage foveal attachment, a possible carpal tunnel syndrome verses median nerve neuritis of the left wrist, a lumbosacral myoligamentous sprain-strain, strain with mechanical discogenic low back pain, or contusion of the left knee, and left ankle sprain-strain. Treatment to date has included medication, physical therapy (24 sessions), and modified work restrictions. Currently, the injured worker complains of no relief from H-wave machine, moderate relief in left shoulder after the cortisone injection on 8-5-15. There is still pain in the left low back that is worse with prolonged sitting. The left knee still hurts on prolonged sitting or any walking. Acupuncture may help back but has not benefit for the knee. Per the primary physician's progress report (PR-2) on 8-28-15, exam noted the left knee has mild swelling, patellofemoral grind and crepitus. The left knee has positive Phalen's test. Left shoulder has positive impingement sign. The lumbar spine has moderate tenderness to palpation. The Request for Authorization date was 8-28-15 and requested service that included Hyalgan Injection x 5 to the left knee. The Utilization Review on 9-4-15 denied the request for lack of documentation to support use, per Official Disability Guidelines (ODG), Leg & Knee - Hyaluronic acid injections, Criteria for Hyaluronic acid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgen Injection x 5 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), Leg & Knee - Hyaluronic acid injections, Criteria for 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 chapter and pg 36.

Decision rationale: In this case, the claimant had x-rays of the knee that showed compartmental narrowing but no mention of arthritis. The diagnosis given was knee strain. The criteria for diagnosis of arthritis as noted in the guidelines are not met. The request for Hyalgan injections for the left knee is not justified nor supported by the guidelines criteria and are not medically necessary.