

Case Number:	CM15-0179032		
Date Assigned:	09/21/2015	Date of Injury:	07/13/2013
Decision Date:	10/23/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/11/2015

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 28 year old female who sustained an industrial injury on 07-13-2013 while moving wheel less clothes racks with a store manager weighing 30-40 pounds when she felt lower back and left knee pain. The injured worker was diagnosed with degenerative arthritis of the left knee. The injured worker is status post left knee arthroscopy with partial medial and lateral meniscectomies on March 24, 2015. According to the treating physician's progress report on July 29, 2015, the injured worker continues to experience progressive left knee pain. Examination demonstrated global tenderness about the left knee. There was no further assessment in this report. A Qualified Medical Evaluation report dated July 6, 2015 noted a normal gait, normal posture and heel to toe walk without difficulty. The injured worker is considered morbidly obese. Lower extremity range of motion was full with bilateral knee extension at 180 degrees and flexion at 140 degrees. Motor strength, sensation and deep tendon reflexes were intact. Prior treatments documented to date have included diagnostic testing with recent left knee and tibia X-rays on July 29, 2015 noting a mild progression of medial compartment osteoarthritis, left knee meniscectomy, physical therapy and medications. Current medications were listed as Hydrocodone, Diclofenac, Tramadol ER, Cyclobenzaprine and Pantoprazole. The injured worker is on temporary total disability (TTD). Treatment plan consists of additional physical therapy, continuing with heat and ice contrast therapy and the current request for Hyalgan injection series. The Utilization Review determined the request for Hyalgan injection to the left knee (series of five injections) using ultrasound guidance was not medically necessary on 08-13-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan injection left knee series of five injections using ultrasound guidance qty: 5:

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 and Leg, Hyalgan (Hyaluronate).

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 July 2013 and is being treated for chronic pain including left knee pain. She underwent arthroscopic surgery in March 2015 with partial meniscectomy, chondroplasty, and partial synovectomy. She was seen for a QME in July 2015. Bilateral knee x-rays are referenced as normal. When seen by the requesting provider she was having progressive knee pain. An cr is referenced as showing mild progressive of medial compartment osteoarthritis. Physical examination findings were that of appearing in marked distress and global knee swelling was present. A series of viscosupplementation injection was requested. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. Criteria include an inadequate response to conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or intolerance of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications) after at least 3 months, documented symptomatic severe osteoarthritis of the knee, and a failure to adequately respond to aspiration and injection of intraarticular steroids. In this case, there is no diagnosis of severe osteoarthritis either by x-ray or fulfilling the ACR criteria. Additionally, there is no evidence of failure of injection of intraarticular steroids. The requested series of viscosupplementation injections is not medically necessary.