

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0179171 | | |
| Date Assigned: | 09/21/2015 | Date of Injury: | 11/20/2012 |
| Decision Date: | 10/23/2015 | UR Denial Date: | 08/18/2015 |
| 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: California
 Certification(s)/Specialty: Emergency Medicine

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 53 year old male, who sustained an industrial injury on November 20, 2012. He reported right knee pain. The injured worker was diagnosed as having right knee to plateau fracture, right knee ACL tear, status post right knee ACL reconstruction and status post right femur open reduction and internal fixation. Treatment to date has included diagnostic studies, radiographic imaging, Hyalgan injections, medications and work restrictions. Currently, the injured worker continues to report right knee pain. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on June 29, 2015, revealed continued right knee pain rated at 5 on a 1-10 scale with 10 being the worst. It was noted the pain was increased with prolonged weight bearing. Objective findings included minimal knee effusion, range of motion from 0-130 degrees and positive joint line tenderness. It was noted he was administered his first injection of Hyalgan of a set, under ultrasound guidance. It was noted he tolerated the procedure well. Evaluation on July 14, 2015, revealed continued pain as noted. The third injection of Hyalgan was administered. He rated his pain at 5 on a 1-10 scale with 10 being the worst. It was noted he had "a few days of improvement" with the second injection but the improvement was not sustained. The RFA included requests for Retrospective Hyalgan injections under ultrasound guidance x5 for the right knee and was non-certified on the utilization review (UR) on August 18, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hyalgan injections under ultrasound guidance x5 for the right 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) 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 & Leg, Acute & Chronic, Criteria for Hyaluronic acid injections.

Decision rationale: The requested Retrospective Hyalgan injections under ultrasound guidance x5 for the right knee, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Knee & Leg, Acute & Chronic, Criteria for Hyaluronic acid injections noted: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³); Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids; Generally performed without fluoroscopic or ultrasound guidance; Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement." The injured worker has right knee pain rated at 5 on a 1-10 scale with 10 being the worst. It was noted the pain was increased with prolonged weight bearing. Objective findings included minimal knee effusion, range of motion from 0-130 degrees and positive joint line tenderness. It was noted he was administered his first injection of Hyalgan of a set, under ultrasound guidance. It was noted he tolerated the procedure well. Evaluation on July 14, 2015, revealed continued pain as noted. The third injection of Hyalgan was administered. He rated his pain at 5 on a 1-10 scale with 10 being the worst. It was noted he had "a few days of improvement" with the second injection but the improvement was not sustained. The treating physician has not documented evidence of osteoarthritis or sustained functional improvement from previous injections.