

Case Number:	CM15-0027026		
Date Assigned:	02/19/2015	Date of Injury:	10/20/2013
Decision Date:	04/03/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/12/2015

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 73 year old female, who sustained a work related injury on 10/20/13. The diagnoses have included right knee contusion, osteoarthritis right knee and right patellar chondromalacia. Treatments to date have included bilateral knee x-rays, MRIs bilateral knees, oral medications, physical therapy and non-impact exercises. In the PR-2 dated 12/29/14, the injured worker complains of continuing bilateral knee pain. She has fair range of motion in knees and has pain if they are flexed too far. On 1/23/15, Utilization Review non-certified a request for three hyalrgan injections for the left knee. The California MTUS, ACOEM Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three hyalrgan injections for the left knee for submitted diagnosis of contusion knee lower leg as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg (Acute & Chronic) chapter, Hyaluronic acid injections.

Decision rationale: The patient is a 73 year old female with an injury date of 10/20/13. Per the 12/29/14 report the patient presents with no change in symptoms occurring in the bilateral knees. Examination reveals range of motion 0-110 degrees with pain on maximum flexion. The patient's listed diagnoses are: Right contusion knee/lower leg, Right loc prim osteoart-L/Leg; and right chondromalacia patellae. The current request is for THREE HYALGEN INJECTIONS FOR THE LEFT KNEE FOR SUBMITTED DIAGNOSIS OF CONTUSION KNEE LOWER LEG AS AN OUTPATIENT. The RFA included is dated 01/14/15. The patient is TTD since the injury. ODG Knee & Leg (Acute & Chronic) guidelines state Hyaluronic acid injections are, 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. An MRI knee-left is included that provides the following impression: Osteoarthritis with preferential involvement of patellofemoral compartment and small meniscal tear. The reports state the patient does not wish to consider knee surgery at this time and knee injections will be considered following a course of non impact exercises. There is no evidence of prior injections. In this case, the patient has a diagnosis of osteoarthritis and she has failed conservative therapy. However, other ODG criteria are not documented including documented symptomatic severe arthritis including bony tenderness, crepitus and less than 30 minutes morning stiffness, and failure to respond to aspiration and injection of intra-articular steroids. Furthermore, as presented above this request is for treatment of a diagnosis of contusion of the knee for which this treatment is not recommended. The request IS NOT medically necessary.