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| Case Number: | CM15-0074667 | | |
| Date Assigned: | 04/24/2015 | Date of Injury: | 07/07/2000 |
| Decision Date: | 05/21/2015 | UR Denial Date: | 04/09/2015 |
| Priority: | Standard | Application Received: | 04/20/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal 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 60 year old male, who sustained an industrial injury on 7/07/2000. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include status post right knee surgery in 2002 and 2008, and degenerative joint disease. Treatments to date include medication therapy. Currently, he complained of ongoing difficulty with the right knee. On 4/2/15, the physical examination documented diffuse tenderness and pain with palpable crepitus and abnormal gait. The plan of care included Hyalgan injections to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Right knee hyalgan injections: 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 (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Hyaluronic Acid.

Decision rationale: Pursuant to the Official Disability Guidelines, 5 Hyalgan injections to the right knee are not medically necessary. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients with not responded adequately to recommended conservative treatments (exercise, nonsteroidal anti-inflammatory drugs or Tylenol to potentially delay the replacement. The criteria for hyaluronic acid injections include, but are not limited to, patients experience significant symptomatic osteoarthritis but have not responded adequately to conservative pharmacologic and nonpharmacologic treatment; documented objective (and symptomatic) severe osteoarthritis of the knee that may include bony enlargement, bony tenderness over the age of 50; pain interferes with functional activities; failure to adequately respond to aspiration and injection of intra-articular steroids; generally performed without fluoroscopy ultrasound; are not candidates for total replacement or failed previous knee surgery from arthritis repeat series of injections-if documented significant improvement for six months or more it may be reasonable to perform another series. Hyaluronic acid is not recommended for other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis desiccans, patellofemoral arthritis, patellofemoral syndrome, etc. In this case, the injured worker has surgery on the right knee on March 8, 2002 with a repeat procedure in 2008. At the time of the last procedure (March 2, 2008), the injured worker was found to have a tear of the right knee medial meniscus, grade III chondromalacia of the medial femoral condyle and grade II/III chondromalacia of the patella. There was no documentation in the medical record of severe osteoarthritis of the knee including bony enlargement or symptomatic osteoarthritis that does not respond to conservative pharmacologic and nonpharmacologic therapy. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients with not responded adequately to recommended conservative treatments. There is no documentation in the medical records indicating the injured worker suffers with severe osteoarthritis both subjectively and objectively. Consequently, absent clinical documentation of severe osteoarthritis subjectively, objectively and radiographically, 5 Hyalgan injections to the right knee are not medically necessary.