

Case Number:	CM15-0075743		
Date Assigned:	04/27/2015	Date of Injury:	04/01/2011
Decision Date:	06/04/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/21/2015

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, 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 54-year-old male, who sustained an industrial injury on 4/1/11. The injured worker was diagnosed as having localized primary osteoarthritis of lower leg and knee pain. Treatment to date has included oral medications including Vicodin, cortisone injections, Supartz injections, left knee surgery and physical therapy. Currently, the injured worker complains of bilateral knee pain which he noted has increased since previous visit; he rates his pain as 9/10 without medications and 5/10 with medications. The injured worker states his medications are working well. He has received good relief from Supartz injections and cortisone injections provided relief for about a week. Physical exam noted an antalgic gait, surgical scar of right knee with crepitus, tenderness to palpation over the medial joint line and patella and mild effusion in right knee joint and tenderness to palpation of left knee over the medial joint line and patella with crepitus. The treatment plan included request for Supartz injections to left knee, continuation of Vicodin and Pennsaid and Hyaluronic acid knee injection on left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyaluronic acid injection on 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), Knee Chapter, 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, Hyaluronic acid injections.

Decision rationale: Regarding the request for hyaluronic acid injection series for the knee, the California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Guidelines go on to state that the injections are generally performed without fluoroscopic or ultrasound guidance. Within the documentation available for review, there is documentation of failure of conservative management including topical NSAID, pain medication, and steroid injection to the left knee. Multiple progress notes specify that the plan is to obtain let knee imaging if pain persists, but no copies of radiologist reports of x-rays or MRI of the left knee are available. This is necessary to establish that OA and not some other structural pathology is responsible for this patient's knee pain. In the absence of clarity regarding this, the current request is not medically necessary.