

Case Number:	CM15-0076631		
Date Assigned:	04/28/2015	Date of Injury:	06/01/2013
Decision Date:	06/11/2015	UR Denial Date:	03/20/2015
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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 55 year old male, who sustained an industrial injury on 6/1/2013. Diagnoses have included knee and leg sprain/strain unspecified and ankle sprain/strain unspecified. Treatment to date has included physical therapy for the cervical and lumbar spine and left knee injection. Magnetic resonance imaging (MRI) of the right knee from 9/4/2014 showed an 8mm full thickness chondral defect on the inferolateral aspect of the patella with underlying cortical edema. According to the progress report dated 2/11/2015, the injured worker complained of worsening pain to the bilateral knees. Physical exam revealed tenderness to palpation to the cervical spine and lumbar spine with spasm. Exam of the bilateral knees revealed swelling. It was noted that the injured worker did well with a left knee injection. Authorization was requested for 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:

Hyalgan Injections to Right Knee, 3 Injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): table 13-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Hyaluronic acid injections.

Decision rationale: Regarding the request for Hyalgan, Occupational Medicine Practice Guidelines do not contain specific criteria regarding the use of hyaluronic acid injections. ODG states that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. Within the documentation available for review, there is no documentation of failure of conservative treatment including physical therapy and steroid injections. As such, the currently requested Hyalgan injections for the knee are not medically necessary.