

Case Number:	CM15-0092696		
Date Assigned:	05/19/2015	Date of Injury:	11/18/2013
Decision Date:	06/18/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/13/2015

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 66-year-old male, who sustained an industrial injury on 11/18/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical strain, left shoulder sprain, left knee sprain, gastritis, chondromalacia patella of the left knee, and cervical degenerative disc disease. Treatment and diagnostic studies to date has included medication regimen, magnetic resonance imaging of the left knee, magnetic resonance imaging of the cervical spine, and home exercise program. In a progress note dated 03/18/2015 the treating physician reports complaints of continued pain to the left knee, left shoulder, and neck. The pain to the left knee is rated at times an 8 on a scale of 0 to 10. The injured worker also has complaints of stomach irritation with nausea secondary to medication regimen. Examination reveals tenderness to the cervical paravertebral, trapezius, and interscapular muscles, tenderness to the medial joint of the left knee with a cracking sensation with deep palpation, and restricted range of motion to the cervical spine and left shoulder. The treating physician requested Hyaluronic injection to the left knee noting that this injection may benefit the injured worker for further relief until evaluated by an orthopedic surgeon. An MRI of the left knee dated August 2, 2014 reveals mild arthritic changes in the medial compartment. A steroid injection is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyaluronic acid injection to 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 and Leg Chapter, Criteria for Hyaluronic acid injections.

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 Hyaluronic acid injection to the left knee, 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 steroid injections. As such, the currently requested Hyaluronic acid injection to the left knee is not medically necessary.