

Case Number:	CM15-0093914		
Date Assigned:	05/20/2015	Date of Injury:	08/09/2011
Decision Date:	06/22/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/15/2015

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 61 year old male, who sustained an industrial injury on 08/09/2011. He reported injuring his right arm and right knee while performing his usual and customary duties as a security guard. The injured worker is currently off work and temporarily totally disabled. The injured worker is currently diagnosed as having status post anterior cervical discectomy and fusion, left shoulder sprain/strain, lumbar spine sprain/strain, left knee sprain/strain, insulin dependent diabetes, and gastritis. Treatment and diagnostics to date has included interferential home unit, physical therapy, urine drug screens, right knee x-ray revealed degenerative joint disease, and medications. In a progress note dated 03/25/2015, the injured worker presented with complaints of bilateral shoulder pain, neck pain, low back pain, and bilateral knee pain. Objective findings include an antalgic gait with use of a cane, positive impingement test to bilateral shoulders, and bilateral tenderness to knees with positive chondromalacia patella compression test. The treating physician reported requesting authorization for Hyalgan injections to bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan injection to the left knee x 3: 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 & Leg, Hyalgan, 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 Hyalgan injection to the left knee x 3, 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 no documentation of imaging findings supporting a diagnosis of osteoarthritis of the knee, and no documentation of failure of conservative management including exercise, medication, and aspiration and injection of intra-articular steroids. In the absence of such documentation, the currently requested Hyalgan injection to the left knee x 3 are not medically necessary.

Hyalgan injection to the right knee x 3: 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 & Leg, Hyalgan, 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 Hyalgan injection to the right knee x 3, 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 no documentation of imaging findings supporting a diagnosis of osteoarthritis of the knee, and no documentation of failure of conservative management including exercise, medication, and aspiration and injection of intra-articular steroids. In the absence of such documentation, the currently requested Hyalgan injection to the right knee x 3 are not medically necessary.

