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| Case Number: | CM15-0094394 | | |
| Date Assigned: | 05/21/2015 | Date of Injury: | 05/15/2012 |
| Decision Date: | 06/29/2015 | UR Denial Date: | 05/11/2015 |
| Priority: | Standard | Application Received: | 05/17/2015 |

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 72 year old female, who sustained an industrial injury on 05/05/2012. She has reported injury to the face, head, and right knee. The diagnoses have included right knee lateral compartment arthritis; and right knee mild patellofemoral osteoarthritis. Treatment to date has included medications, diagnostics, cortisone injection, Orthovisc injections, and physical therapy. Medications have included Tylenol. A progress note from the treating physician, dated 05/01/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right knee pain which comes and goes; pain is worse when walking for long periods and doing things around the house; knee pops, catches, throbs, and swells; finished as series of Orthovisc injections to the right knee; the pain was rated 8/10 on the pain scale, and went to 4/10; and pain and swelling in the right hip pain. The orthovisc Series lasted around 2 months. Objective findings included right knee with small effusion and positive patella grind. The treatment plan has included the request for one series of five ultrasound-guided hyalgan injections to the right knee (1 time a week for 5 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Series of 5 ultrasound-guided hyalgan injections to the right knee (1 time a week for 5 weeks): 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, 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 repeat Ultrasound-Guided Hyalgan injections, 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. Also, repeat series of injections only if documented significant improvement in symptoms for 6 months or more. Within the documentation available for review, it appears the patient has undergone hyaluronic acid injections previously, but there is no documentation of objective functional improvement and duration of effect was only 2 months. Finally, guidelines do not support the use of imaging guidance for knee injections. As such, the currently requested repeat Ultrasound-Guided Hyalgan injections for the knee are not medically necessary.