

Case Number:	CM14-0203144		
Date Assigned:	12/15/2014	Date of Injury:	02/21/1998
Decision Date:	12/10/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/04/2014

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

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 50 year old male who sustained an industrial injury 02-21-98. A review of the medical records reveals the injured worker is undergoing treatment for degenerative joint disease. Medical records (10-22-14) reveal the injured worker complains of bilateral knee complaints including a deep aching pain and discomfort which is not rated. The physical exam (10-22-14) reveals tenderness in the knees, and the injured worker walks in a slow cautious fashion. Prior treatment includes Hyalgan viscous supplementation. The treating provider reports the injections worked "extremity well, greatly lessening his pain." The original utilization review (11-06-14) non certified the request for a series of 5 Hyalgan injection to the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Hyalgan Injections to Bilateral Knees: 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) TWC, Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, under Hyaluronic acid injections.

Decision rationale: The patient was injured on 02/21/98 and presents with bilateral knee pain. The request is for 5 Hyalgan injections to bilateral knees. The RFA provided is not dated and the patient's current work status is not provided. ODG guidelines, Knee & Leg Chapter, under Hyaluronic acid injections, state the following: Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. See recent research below. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). The patient has tenderness in the knees, palpable crepitus, a positive drawer sign, and walks in a slow cautious fashion. He is diagnosed with degenerative joint disease. The 10/22/14 treatment report states that the treater has "not actually seen the patient is almost two years" [the patient] has had previous injections before in the past, which worked extremely well, greatly lessening his pain. He has been given a series of viscosupplementation, specifically Hyalgan". He has had recent plain x-rays which have shown degenerative changes of the left knee worse than the right. These were last done in September of 2012." In this case, without a diagnosis of osteoarthritis of the knee or imaging confirming osteoarthritis, the request cannot be supported. The request is not medically necessary.