MAXIMUS Federal Services

Case Number:	CM14-0140497		
Date Assigned:	09/10/2014	Date of Injury:	10/26/2012
Decision Date:	10/23/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60-year-old female with a 10/26/2012 date of injury, due to fall. 8/14/14 determination was non-certified given that the criteria cited by ODG (Official Disability Guidelines) were not documented and there was no documentation of any significant decrease in pain values and/or significant functional improvement from prior injections. 3/17/14 progress report identified unchanged knee pain with weight bearing/prolonged walking/driving activities, on the right, difficulty with kneeling/squatting/stairs/inclines. Knee exam revealed tenderness to palpation over the lateral proximal fibular. Flexion is noted to 100, and further in the same report it is stated that right knee ROM (range of motion) was 90 degrees of flexion. 1/30/14 medical report with a correction in 2/19/14 identified that the patient had undergone right knee surgery and was known to have significant degenerative arthritis in that region, but was having actually more pain on the left knee, which is also work-related problem. The patient was having increasing problems on the left knee. It was noted that x-rays were taken and they showed severe arthritis of the left knee. Physical exam was focused on the lumbar spine and left knee. No exam was provided of 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 x 3 for the right 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, Knee & Leg, 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) hyaluronic acid injections

Decision rationale: ODG indications include patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments; are not candidates for total knee replacement; younger patients wanting to delay total knee replacement. If relief is obtained for 6-9 months and symptoms recur, it may be reasonable to do another series. The records indicate that the patient had severe osteoarthritis of the bilateral knees. No formal x-rays from the right knee or operative report (as it was noted that the patient had a previous right knee surgery) was provided. In addition, the prior determination noted that the patient had previous viscosupplementation injections. However, there was no indication of the number of injection or dates performed. There was no indication if the patient had sufficient pain relief with functional improvement and if there has been a recurrence in symptoms. The medical necessity was not substantiated.