

Case Number:	CM14-0145433		
Date Assigned:	09/12/2014	Date of Injury:	03/25/2013
Decision Date:	10/21/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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 Orthopedic Surgery 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 28-year-old female with a 3/25/13 injury date. The mechanism of injury was a fall. In a 7/30/14 follow-up, it was noted that the patient was doing poorly and had persistent left knee pain. Objective findings included left knee global tenderness with grinding. A left knee MRI on 11/19/13 showed a grade 2 signal within the posterior horn of the medial meniscus without tear, and the cartilage surfaces appeared intact. Left knee x-rays on 7/30/14 showed advanced degenerative arthritis. During the left knee arthroscopy on 4/22/14, the cartilage surfaces were found to have grade IV chondromalacia. Diagnostic impression: left knee arthritis. Treatment to date: left ankle ligament repair (7/25/13), left knee arthroscopy (4/22/14), physical therapy, orthopedic shoes, foot brace, walker, rest, cortisone injections, and medications. A UR decision on 8/22/14 denied the requests for left knee Hyalgan injections and ultrasound guidance on the basis that there were too many inconsistencies on the documentation.

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, series of 5: Overturned

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, Hyaluronic acid injection

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

Decision rationale: The California MTUS does not address this issue. ODG recommends viscosupplementation injections in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies; OR is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; OR a younger patient wanting to delay total knee replacement; AND failure of conservative treatment; AND plain x-ray or arthroscopy findings diagnostic of osteoarthritis. In the present case, it is clear from the previous arthroscopy and x-rays that the patient has arthritic changes in the left knee. During the left knee arthroscopy on 4/22/14, the cartilage surfaces were found to have grade IV chondromalacia. Therefore, the request for Hyalgan Injection, Left Knee, series 5 injections is medically necessary.

Ultrasound guidance for left knee Hyalgan injection: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, and on the Non-MTUS Article "Clinical utility of ultrasound guidance for intra-articular knee injections: a review"

Decision rationale: The California MTUS does not address this issue. ODG recommends viscosupplementation injections in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies; OR is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; OR a younger patient wanting to delay total knee replacement; AND failure of conservative treatment; AND plain x-ray or arthroscopy findings diagnostic of osteoarthritis. Literature reviews suggest that ultrasound guidance notably improves injection accuracy in the target intra-articular joint space of large joints including the knee. The enhanced injection accuracy achieved with ultrasound needle guidance directly improves patient-reported clinical outcomes and cost-effectiveness. The concurrent request for a series of 5 Hyalgan injections was deemed medically necessary. Therefore, the request for Ultrasound guidance for the left knee Hyalgan injection is medically necessary.