

Case Number:	CM14-0124508		
Date Assigned:	09/16/2014	Date of Injury:	03/03/2005
Decision Date:	08/19/2015	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/06/2014

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 64 year old male who sustained an industrial injury on 3/3/05 when she twisted to the right carrying an overloaded box of flyers injuring her left knee more than the right and her back. She was medically evaluated and initially told she needed surgery for a torn meniscus, which she declined. She currently complains of some pain reduction and stiffness in the knee but still mechanical instability with locking and giving way of the knee with a pain level of 5/10; increased back pain and muscle spasms radiating to the legs with numbness and tingling. She is experiencing sleep difficulties. On physical exam there was crepitus in the knee, mild bilateral effusions, palpable trigger points in the quadrus lumborum region bilaterally, decreased range of motion. Medications were Celebrex, Lidoderm patch, Terocin lotion, trazadone. Diagnoses include bilateral degenerative joint disease of the knees; internal derangement of the knees bilaterally; ligament laxity of the knees bilaterally; sacroiliac sprain; lumbosacral radiculitis; sciatic neuropathy; lumbar disc degeneration. Treatments to date include physical therapy; functional capacity evaluation; interarticular injections bilaterally offer 30% improvement in walking tolerance. On 7/18/14, the Utilization review evaluated a request for 1 series of 3 Hyalgan injections to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 series of 3 Hyalgan injections to the left 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 (acute & Chronic).

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 and pg 35.

Decision rationale: According to the guidelines, Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm). Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids. Generally performed without fluoroscopic or ultrasound guidance; Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. (Wen, 2000) Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence. In this case, although the claimant had received improvement, the claimant received the injections 4 months prior indicating 6 months of relief was not obtained to warrant another injection at the time of request. As a result, the request is not medically necessary.