

Case Number:	CM13-0007003		
Date Assigned:	08/23/2013	Date of Injury:	11/30/2009
Decision Date:	01/17/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 58 year old male truck driver with a date of injury of 04/30/09 when he felt his knee pop. The claimant is status post left knee meniscectomy and chondroplasty performed on 05/03/10. The 09/19/11 x-rays of the left knee documented osteoarthritis, more prominent in the medial compartment. The 01/24/12 disability report documented that the operative report from 2010 showed the left knee with moderate to severe degenerative joint disease involving the medial compartment of the knee. The 06/28/12 MRI of the left knee without contrast documented a new lateral meniscus tear, a medial tibial plateau cyst, moderate to severe narrowing of the medial compartment and mild narrowing of the lateral compartment. ■■■■■ saw the claimant on 11/14/12 for complaints of left knee pain of 3-5/10. The claimant reported popping and clicking with an effusion. Left knee range of motion was from 0 to 105 degrees. With flexion and extension, the claimant had a medial click. A medial meniscus tear was diagnosed. Medications including pain medication were recommended. ■■■■■ saw the claimant through March 2013. The claimant was treated with medications, physical therapy, topical creams, and off work. ■■■■■ recommended a repeat arthroscopy by ■■■■■. On 06/05/13, ■■■■■ of orthopedics evaluated the claimant for left knee pain. The claimant reported daily pain and knee buckling. ■■■■■ stated the claimant had undergone an arthroscopic meniscectomy in 2010. The claimant was noted to be 5'11 inches tall and weighed 285 pounds. Left knee examination revealed the anterior superior iliac spine (ASIS) to the patellar tubercle to be greater than 15 degrees, range of motion 0 to 135 degrees. ■■■■■ stated the MRI showed new lateral meniscus tears, medial meniscal changes likely due to previous surgery, a medial tibial plateau subcortical cyst, soft tissue edema, a small joint effusion, up to grade three changes and degenerative joint disease. Th

IMR ISSUES, DECISIONS AND RATIONALES

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

Zimmer gel one single injection and hyalgan injections three times to the left knee:
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), Criteria for 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), Knee & Leg Chapter, Criteria for Hyaluronic acid injections

Decision rationale: By way of history this is a 58-year-old gentleman with an initial injury on 04/30/09. He is status post left knee meniscectomy and chondroplasty in 2010. He has had x-rays in the past with [REDACTED], which showed moderate to severe degenerative joint disease of the left knee. He has undergone previous conservative measures with a combination of anti-inflammatories, physical therapy, topical cream and work modification. His exam clearly shows evidence of left knee pain with a mild effusion and varus deformity. There was medial joint line crepitus and tenderness. Based on the Official Disability Guidelines with the diagnosis of advanced arthritic disease in the knee despite conservative measures, the use of viscosupplementation/Hyaluronic acid injections appears to be reasonable.