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| Case Number: | CM13-0014829 | | |
| Date Assigned: | 06/06/2014 | Date of Injury: | 08/22/2012 |
| Decision Date: | 07/23/2014 | UR Denial Date: | 08/07/2013 |
| Priority: | Standard | Application Received: | 08/22/2013 |

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 47-year-old male head painter sustained an industrial injury on 8/22/12. Injury occurred when he was kneeling down and heard his right knee pop with onset of swelling. He underwent right knee arthroscopy with major synovectomy, medial meniscectomy, and patellofemoral chondroplasty on 2/7/13. A stable partial anterior cruciate ligament tear was noted at the time of surgery. A cortisone injection was documented on 4/3/14 and reportedly helped for several weeks. The patient completed 24 post-op physical therapy visits and had met strength and range of motion goals. He continued to have significant pain with residual functional difficulty in prolonged walking, squatting, and putting on shoes. Right knee active range of motion was -5 to 110 degrees and passive 0-130 degrees. Strength was grossly 5/5 with antalgic gait. The 6/17/13 right knee MRI documented arthrofibrosis in Hoffa's fat pad and mild diffuse chondromalacia. Cruciate ligaments were intact. The 7/29/13 orthopedic report documented continued anterolateral right knee pain. He had been unable to work. He did not continue his home rehab program. Physical exam findings documented height 70 inches, weight 285 pounds, very soft and weak right quadriceps, relatively normal gait, full range of motion, no effusion, and minimal tenderness. The assessment was on-going right knee discomfort with very weak quadriceps and a patellofemoral syndrome consistent with chondromalacia patella. The treatment plan recommended aggressive physical therapy focused on strengthening and a series of viscosupplementation injections. The 8/7/13 utilization review denied the request for three viscosupplementation injections to the right knee as there was no diagnosis of osteoarthritis, the treatment for chondromalacia was aggressive physical therapy, and other options were available like cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

VISCOSUPPLEMENTATION SERIES (3) FOR 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 (ODG), Knee and Leg Chapter.

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, Hyaluronic acid injections.

Decision rationale: The California MTUS guidelines do not provide recommendations for viscosupplementation in chronic knee complaints. The Official Disability Guidelines state that viscosupplementation is recommended for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, or patellofemoral syndrome. Guideline criteria have not been met. The patient is being referred to physical therapy for strengthening, which was reported as beneficial in the past. A cortisone injection in April 2013 also provided benefit for several weeks. Weight loss has been recommended. There is no documentation of osteoarthritis. This patient is diagnosed with patellofemoral syndrome consistent with chondromalacia patella. Given the absence of guideline support for the diagnoses, this request for viscosupplementation series (3) for right knee is not medically necessary.