MAXIMUS Federal Services

Case Number:	CM13-0022715		
Date Assigned:	11/13/2013	Date of Injury:	07/01/2000
Decision Date:	01/24/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/11/2013

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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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:

The patient is a 47-year-old male who reported an injury on 07/01/2000. The patient is currently diagnosed with bilateral knee degenerative joint disease. The patient was recently seen by [redacted] on 07/30/2013 with complaints of bilateral knee pain. Physical examination revealed bilateral knee swelling with tenderness to palpation and negative instability. Treatment recommendations include bilateral Hyalgan injections in a series of 6 as well as bilateral arch supports. A recent x-ray of bilateral knees was completed on 09/13/2013 by [redacted], which indicated normal findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan injections for the knees: 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 & Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, Hyaluronic Acid Injections.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Criteria for hyaluronic acid injections includes patient who experience significantly symptomatic osteoarthritis and have no responded adequately to recommended conservative nonpharmacologic and pharmacologic treatments or are intolerant of these therapies after at least 3 months. As per the clinical notes submitted, there is no indication that this patient has failed to respond to at least 3 months of conservative treatment. There is no evidence of a failure to adequately respond to aspiration and injection of intra-articular steroids. The patient does not currently meet criteria for hyaluronic acid injections. Furthermore, a series of 6 injections is considered excessive, as the standard is 1 to 3, and a repeat series is only recommended following 6 months of documented significant improvement in symptoms. Based on the clinical information received, the request is non-certified.

bilateral arch supports: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 369-371. Decision based on Non-MTUS Citation ODG, Ankle & Foot Chapter, Heel Pads.

Decision rationale: California MTUS/ACOEM Practice Guidelines state rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The ODG state heel pads are recommended as an option for plantar fasciitis. As per the clinical notes submitted, the patient does not currently meet criteria for the use of heel pads. Based on the clinical information received, the request is non-certified.