

Case Number:	CM13-0025605		
Date Assigned:	12/13/2013	Date of Injury:	10/20/2011
Decision Date:	10/29/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/17/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 54-year-old female with a reported injury on 10/20/2011. The mechanism of injury was a motor vehicle accident. The injured worker's diagnoses included early osteoarthritis of the right hip, lumbar spine strain, and right hip strain. The injured worker's past treatments included medications, physical therapy, a home exercise program, right hip Euflexxa x3 in 2013, cortisone injections to the right hip, and Synvisc to the right hip which relieved pain for 2 months. The injured worker's diagnostic testing included multiple x-rays and MRIs of the right hip, and an EMG/NCV on 06/06/2013 which showed mild L5 spinal root irritation on the right. No pertinent surgical history was provided. The injured worker was evaluated on 06/27/2013 for complaints of intermittent/frequent pain of her lumbar spine with an average pain intensity of 5/10 which radiated into the right lower extremity. The injured worker also complained of right hip and groin pain. The clinician observed and reported focused examinations of the patient's lumbar spine and hip. The only mention of her knee was that a sensory examination of the bilateral lower extremities revealed mild decreased pain sensation in the right L5 dermatome and motor examination of the bilateral lower extremities was 5/5. The biceps, triceps, knee and ankle jerks were symmetrically present. The injured worker's medications included Topiramate 75 mg at bedtime, Buspirone 300 mg daily, Trazodone 50 mg, Prednisone 40 mg daily for 1 week, Chantix 1 mg twice per day, Hydrocodone/APAP 10/325 mg twice per day, and OxyContin 7.5 mg 1 to 2 tablets every 6 hours. The request was for viscosupplementation injections for the right knee. No rationale for this request was provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation injections for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for viscosupplementation injections for the right knee is not medically necessary. The injured worker did not complain of right knee pain. The Official Disability Guidelines recommend hyaluronic acid injections as possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments, to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. Criteria for the hyaluronic acid injections include: patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatments, or are intolerant of these therapies; pain interferes with functional abilities; failure to adequately respond to aspiration and injection of intra-articular steroids, generally performed without fluoroscopic or ultrasound guidance; and are not currently candidates for total knee replacement or have a failed previous knee surgery for their arthritis, unless younger patients wanted to delay total knee replacement. No focused examination or diagnostic studies of the knee were provided for review. Additionally, the request for fluoroscopic guidance was not included in the request. Therefore, the request for viscosupplementation injections for the right knee is not medically necessary.