

Case Number:	CM13-0029485		
Date Assigned:	12/11/2013	Date of Injury:	03/10/2000
Decision Date:	05/02/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	09/26/2013

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 72-year-old male who reported an injury on 03/10/2000. The mechanism of injury was not submitted. The injured worker was diagnosed with degenerative joint disease. The clinical documentation dated 06/25/2013, stated that the injured worker reported progressive increase in right knee pain after the viscosupplementation injection in December. The injured worker's right knee range of motion was 10 degrees to 95 degrees. The injured worker had light effusion. The injured worker had medial joint line tenderness. The injured worker was recommended a series of five (5) viscosupplementation injections under ultrasound for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERIES OF FIVE (5) VISCOSUPPLEMENTATION INJECTIONS UNDER ULTRASOUND: 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 Chapter: Hyaluronic acid injections, the California Technology Assessment Forum (CTAF), and the AAOS Guidelines for Treatment of Osteoarthritis of the Knee.

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, Hyaluronic acid injections.

Decision rationale: The Official Disability Guidelines indicate that repeat injections are recommended if there is documented significant improvement in knee symptoms for six (6) months or more and if the symptoms recur, it may be reasonable to administer another series of injections. The injured worker complained of pain to the right knee; however, the clinical documentation submitted for review does not show how long the injured worker has been pain free from the previous injection. The guidelines recommend six (6) months or more of pain relief. Also, the documentation does not show adequate evidence as to a need for the injections to be administered under ultrasound guidance. Given the lack of documentation to support guideline criteria, the request is non-certified.