

Case Number:	CM13-0041650		
Date Assigned:	12/20/2013	Date of Injury:	09/26/2008
Decision Date:	05/06/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/14/2013

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 Orthopaedic 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 claimant is a 57-year-old male who was injured in a work-related accident, September 26, 2008 sustaining an injury to the right knee. Limited Clinical records were available for review. There is an October 7, 2013 utilization review regarding the claimant's bilateral knees indicating that he was being treated for a diagnosis of osteoarthritis. It states previous clinical documentation of August 29, 2013 showed plain film radiographs that showed joint space narrowing both medially and laterally but failed to demonstrate indication that the claimant had had previous intra-articular injections of corticosteroid. It was stated at that time that criteria for viscosupplementation had not been met. There are no further clinical records available for review in regard to the claimant's course of care. There is, however, a request for right knee viscosupplementation injections for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

VISCOSUPPLEMENTATION INJECTION 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, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Procedure.

Decision rationale: CA MTUS and Official Disability Guidelines were referenced. CA MTUS states that after comfort measures, prescribed pharmaceuticals may be prescribed. When looking at Official Disability Guideline criteria, viscosupplementation injection procedures would not be indicated. As stated above, records do not indicate prior conservative measures in the form of intra-articular corticosteroid. The absence documented conservative treatment would fail to necessitate the role of viscosupplementation injections in this individual's chronic course of care.