

Case Number:	CM13-0042561		
Date Assigned:	06/09/2014	Date of Injury:	04/15/2013
Decision Date:	07/28/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/18/2013

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 Surgeon 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 34-year-old female, who reported an injury on 04/15/2013. The mechanism of injury was not provided. On 01/13/2014, the injured worker had complaints of instability and near falls, and stated, "At times I cannot walk." She also reported right knee pain and spasm of the calf musculature. Upon examination of the right knee, there was tenderness at the lateral aspect, crepitus with range of motion assessment, and she favored the left lower extremity with ambulation. The injured worker had difficulty rising from a seated position and had an antalgic gait. The diagnosis was a probable lateral meniscus tear. Prior therapies included surgery, injections, and medications. The provider recommended viscoelastic supplementation for the right knee; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscoelastic supplementation for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (<http://www.odg-twc.com/odgtwc.knee.htm>).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Viscosupplementation.

Decision rationale: The MTUS/ACOEM Guidelines indicate that invasive techniques, such as needle aspiration of effusions or prepatellar bristle fluid and cortisone injections, are not routinely indicated. The Official Disability Guidelines further state that viscoelastic supplementation is recommended as a possible option for severe osteoarthritis for injured workers who have not responded adequately to recommended conservative treatment, to potentially delay total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best. Osteoarthritis of the knee is a recommended indication for viscoelastic supplementation, there is insufficient evidence for other conditions. The injured worker does not have a diagnosis of osteoarthritis that would warrant viscoelastic supplementation to the right knee. As the guidelines recommend viscoelastic supplementation injections for severe osteoarthritis, and the injured worker does not have a diagnosis or symptoms of severe osteoarthritis, the viscoelastic supplementation would not be warranted. As such, the request is not medically necessary.