

Case Number:	CM13-0057784		
Date Assigned:	12/30/2013	Date of Injury:	11/25/1996
Decision Date:	03/27/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/26/2013

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 Physical Medicine & 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 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 injured worker is a 59-year-old male with a date of initial reported injury on November 25, 1996. The worker carries a diagnosis of bilateral medial compartment degenerative joint disease of the knees and degenerative joint disease of the ankles. The patient is also status-post bilateral knee arthroscopies, status-post right subtalar implant, and a failed left subtalar fusion. The mechanism of injury is reported to be from initially sustaining an industry related injury to his right ankle and continuing to work after the injury. The patient does report to have a pre-existing mood disorder and a non-industry related motor vehicle accident in 1981 causing a neck injury, now status post cervical laminectomy. The patient claims that due to his industry related lower extremity injuries he has become inactive which has caused him to be morbidly obese. His symptoms since improved over the years, from initially being unable to stand more than ten minutes at a time to being able to tolerate his foot pain on last progress note dated on September 25, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

A series of 5 visco supplementation injections under ultrasound guidance: Overturned

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, Criteria for Hyaluronic Acid.

Decision rationale: In regards to the injured worker, the documentation shows that the patient has had conservative management. The notes indicate the patient has attempted weight loss for his knee osteoarthritis, and water therapy. He is on pain medications including Vicodin ES as needed. The patient has documentation of bilateral medial compartment degenerative joint disease. He has had a surgery in 2003 in which he had arthroscopic meniscectomy. At this juncture, the patient is a candidate for viscosupplementation given this conservative and failed surgical treatment. This request is recommended for certification.

radiography of the feet performed on 9/25/13: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: In regards to the injured worker, the patient is clearly beyond an initial period of conservative care. The worker has in fact undergone surgery by podiatry and had placement of a spacer between the talus and calcaneus. Despite this, the patient has continued pain and would fall under the category of those with unexplained physical findings as there is tenderness on exam and inability to walk on the toes and heels. This request is recommended for certification given the history of surgical implant and prolonged course of foot pain.

radiography of the knees performed 9/25/13: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-347.

Decision rationale: In regards to the injured worker, documentation shows that the patient is beyond an initial period of conservative care and observation, as described in the guidelines. The patient has had a long standing injury and even had arthroscopic surgery. The patient has known osteoarthritis and chondromalacia. The utility of x-rays are to quantify the osteoarthritis and helped in clarifying the request for viscosupplementation. Therefore, this request is recommended for certification.