

Case Number:	CM13-0060182		
Date Assigned:	03/03/2014	Date of Injury:	04/11/2002
Decision Date:	05/23/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/02/2013

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 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:

The claimant is a 69-year-old gentleman who was injured in a work related accident on April 11, 2002. The clinical records provided that are specific to the claimant's bilateral knee complaints include an October 30, 2013, progress report, which indicates continued pain on the medial and lateral aspects of the knees, with right knee pain greater than left pain. Physical examination findings showed a normal gait pattern, restricted range of motion at end points, tenderness to the patellar tendon and crepitation. Tenderness was greater over the medial joint lines than the lateral joint lines. The claimant was diagnosed with degenerative arthritis bilaterally. Radiographs from October 30, 2013, showed severe medial compartment osteoarthritis bilaterally with degenerative changes laterally. Prior clinical records for review indicate the claimant underwent left knee arthroscopy in 2003 and right knee arthroscopy in 2004. There is no documentation in the records of prior corticosteroid injections or viscosupplementation injections. Based on the claimant's ongoing complaints, bilateral viscosupplementation injections were recommended for the knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYALGAN (VISCOSUPPLEMENTATION) FOR THE BILATERAL KNEES - 5 INJECTIONS: 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) TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE: HYALURONIC ACID INJECTIONS

Decision rationale: California ACOEM and MTUS Guidelines do not provide criteria for viscosupplementation injections. According to Official Disability Guidelines, this request would not be supported. The records reviewed do not document the use of prior conservative measures consisting of corticosteroid injections. Absent a trial of corticosteroid installation, the ODG guideline criteria would not be satisfied, and viscosupplementation would not be supported as medically necessary.