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| Case Number: | CM13-0062916 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 09/23/2013 |
| Decision Date: | 04/25/2014 | UR Denial Date: | 10/26/2013 |
| Priority: | Standard | Application Received: | 12/09/2013 |

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 52-year-old female who injured both knees and the right hip in a work related accident on September 23, 2013. Review of the clinical records for the claimant's left knee identified in a November 13, 2013 assessment that the claimant had ongoing complaints of constant sharp pain. No objective findings on that date were noted. The claimant was diagnosed with osteoarthritis of the knee documenting she had intractable pain unresponsive to other forms of conservative measures. A series of viscosupplementation injections were recommended. The report of an MRI dated November 11, 2013 documented grade IV cartilage loss of the lateral compartment, grade II changes medially and grade II changes noted in the patella and trochlear groove. While the documentation indicated that conservative care had failed, no indication of a corticosteroid or recent corticosteroid injection could be found in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERIES OF THREE VISCOELASTIC SUPPLEMENT INJECTIONS FOR THE LEFT 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 (ODG)

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

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. Based upon the Official Disability Guidelines, viscosupplementation injections in this case would not be indicated. While the clinical records indicate that the claimant has failed conservative measures, there is no documentation of prior injection therapy for the claimant's diagnosis of underlying knee arthrosis for which viscosupplementation injections would currently be warranted. The lack of this documentation would fail to satisfy Guideline criteria.