MAXIMUS Federal Services

Case Number:	CM13-0071206		
Date Assigned:	01/08/2014	Date of Injury:	12/20/2010
Decision Date:	06/05/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/26/2013

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 Texas. 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 28 year old male with a reported date of injury on 12/20/2010. The worker was injured after he slipped and felt a painful pop in his right knee. The MR Arthrogram of the right knee dated 12/03/2013 reported a complete tear of the anterior cruciate ligament graft associated with anterior translation of the tibia, localized chondral wear was seen in all three compartments of the knee, associated with significant osteophytosis, loose bodies, and moderate quadriceps enthesopathy. The diagnoses listed on the report are pain to the right knee, complete ACL graft rupture, degenerative joint disease, loose bodies, quadriceps tendinopathy, moderate. The request of authorization form was not submitted with the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

VISCO INJECTION FOR THE RIGHT KNEE, SERIES OF 3 - 5 INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2013 Knee and Leg Hyaluronic Acid Injections.

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

Decision rationale: The injured worker has multiple diagnoses of the right knee. The Official Disability Guidelines recommend hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments, to potentially delay total knee replacement, but in recent quality studies the magnitude of imporvement appears modest at best. The injured worker is diagnosed with osteoarthritis; however, the patient is currently being recommended for surgical intervention. Therefore, visco injections would not be supported at this time. Given the above, the request is not medically necessary and appropriate.