

Case Number:	CM13-0072304		
Date Assigned:	01/08/2014	Date of Injury:	09/03/2008
Decision Date:	05/30/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine, 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 60 year old female who reported a continuous injury from September 3, 2008 to September 3, 2009 secondary to an unknown mechanism of injury. The injured worker underwent an arthroscopic partial meniscectomy on October 14, 2009. An MRI of the left knee on June 1, 2010 revealed chondromalacia patellae, fluid collection posterior to the joint, chondral degeneration of the lateral patellar facet, and findings suspicious for subtle anterior and posterior meniscal tears. An MRI of the right knee on the same date revealed meniscal abnormalities. The injured worker underwent an arthroscopic partial meniscectomy of the left knee on December 14, 2010 and a second arthroscopic partial meniscectomy of the right knee on November 15, 2012. Both arthroscopies indicated severe osteoarthritis and chondromalacia of the medial femoral condyles according to the documentation submitted for review. The injured worker was previously treated with Supartz viscous injections in the knees bilaterally on May 1, May 8 and May 18, 2012 and reported that they helped "a lot." The injured worker was evaluated on November 13, 2013 and reported 6/10 constant bilateral knee pain which increased to 9/10 without medications. The injured worker also reported back, neck, wrist, and feet pain. Medications were noted to include Meloxicam, Tramadol, and Lodine. No physical exam findings were documented relating to the knees. It was noted that the injured worker was attending physical therapy at the time of evaluation with unknown duration. The injured worker has been recommended for a series of three viscous Supartz injections for the knees bilaterally. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

VISCOUS INJECTIONS X 3 SERIES (1 X 3 WEEKS) FOR BILATERAL KNEES:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Knee Procedure.

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

Decision rationale: The Official Disability Guidelines recommend hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have functional limitations due to pain and have not responded adequately to conservative treatments such as exercise, physical therapy, and pharmacologic treatment. While the injured worker was noted to have been attending physical therapy at the time of the most recent evaluation, there are no physical therapy notes provided to indicate the duration of therapy completed and/or functional limitations. Furthermore, a clinical note on 07/02/2013 states that the injured worker was attending physical therapy and acupuncture sessions for the back, arms, and feet. It is unclear if the injured worker has actually received physical therapy treatment for the knees. Therefore, there is not sufficient evidence that the injured worker has failed conservative care for the knees. Also, guidelines do not recommend hyaluronic acid injections without documentation of failure to adequately respond to aspiration and injection of intra-articular steroids. There is no documentation in the information provided that the injured worker has been treated with aspiration or injection of intra-articular steroids. Additionally, guidelines also specify that a repeat series of injections should only be performed if there is documentation of significant improvement in symptoms for 6 months or more after the last series of injections. The injured worker was noted to have Supartz hyaluronic injections on May 1, May 8, and May 18, 2012 and reported that they helped "a lot." There is no documentation of quantifiable pain relief and/or detailed functional improvement and duration following the initial injections. The request for a series of three viscous injections for bilateral knees, once per week for three weeks, is not medically necessary or appropriate.