

Case Number:	CM14-0003860		
Date Assigned:	02/03/2014	Date of Injury:	01/11/2000
Decision Date:	06/20/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 patient has submitted a claim of thigh, proximal leg and right knee pain associated from an industrial injury date of January 11, 2000. Treatment to date has included left knee chondroplasty (9/23/05), right TKA 2010, physical therapy, chiropractic therapy, and medications with include Vicodin ES, Zanaflex, Voltaren, Ketoprofen gel, and tizanidine. Medical records from 2013-2014 were reviewed, the latest of which dated February 10, 2014 revealed that the patient is having some increasing sharp pain across his right knee and states that it is unremitted. It is only recently. He states that he is having no change in the swelling. The left knee is bothering him more with progressive worsening in pain, swelling and feelings of instability. The patient has compensatory left knee pain with ongoing wear of the left knee. On physical examination done January 1, 2014 revealed that there is marked tenderness in right lumbar paraspinal area. Movement severely restricted in all directions, pain elicited in all directions. There is generalized moderate knee tenderness, bilaterally. The patient has an antalgic gait. Reflexes are hyporeflexic on the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

VISCOSUPPLEMENTATION INJECTIONS SERIES OF 3 FOR THE LEFT KNEE:

Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS does not specifically address this topic. The Official Disability Guidelines (ODG) were used instead. Official Disability Guidelines state that viscosupplementation injections are recommended in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies; or is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; or a younger patient wanting to delay total knee replacement; and failure of conservative treatment; and plain x-ray or arthroscopy findings diagnostic of osteoarthritis. In this case, viscosupplementation was prescribed to relieve the knee pain. In the most recent clinical evaluation, the patient stated that there was progressive worsening of knee pain, swelling and feelings of instability. On physical examination done January 1, 2014, there is noted generalized moderate knee tenderness, bilaterally. The patient underwent previous left knee chondroplasty. The guideline criteria have been met. Therefore, the request for viscosupplementation injections is medically necessary.