

Case Number:	CM14-0006017		
Date Assigned:	03/03/2014	Date of Injury:	03/07/2013
Decision Date:	07/16/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/13/2014

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 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 records reflect that the injury occurred on March 7, 2013. The current diagnosis listed is osteoarthritis. The December 2013 letter of non-certification indicated that the injured employee complained of continued pain, swelling and stiffness with weakness. There is crepitus and patellofemoral joint pain. A right knee arthroscopy with partial medial meniscectomy has been completed. It is also noted that multiple sessions of postoperative physical therapy have been completed. The non-certification was based on insufficient clinical records outlining what additional conservative measures after arthroscopic surgery had been completed. The February 2014 progress note reported moderately severe right knee pain. The surgical intervention was no better. The injured worker did not want to pursue an additional surgical intervention or steroid injections. It is noted that with therapy the range of motion is better. The medication list includes tramadol, zolpidem and Norco. Subsequent progress notes note the pain in the retropatellar. Physical therapy was discontinued in January, 2014. The vital signs note this injured worker to be 5'1", 176 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYLAGAN INJECTIONS, SERIES OF 3 INJECTIONS, RIGHT KNEE: Upheld

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 Official Disability Guidelines (ODG) Knee chapter, hyaluronic acid injections.

Decision rationale: The records reflect that the injury was a meniscal tear and that there is a significant retropatellar degenerative change. There is no objective evidence of osteoarthritis of the intra-articular aspect of the knee. Furthermore, the records reviewed do not indicate the implementation, utility or efficacy of a corticosteroid injection. Therefore, for viscosupplementation, a trial is required. Furthermore, there is no data support retropatellar arthritis as opposed to patellofemoral osteoarthritis. Lastly, the response to physical therapy and oral medications has not been documented. Therefore, there is insufficient clinical information presented to support this request of treatment. Lastly, the BMI of 33.25 places the patient outside the parameters noted in the ODG. The request is not medically necessary.