

Case Number:	CM14-0114925		
Date Assigned:	08/04/2014	Date of Injury:	02/16/2012
Decision Date:	09/12/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/22/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 51-year-old male who reported an injury on 02/16/2012 due to twisting his left knee stepping out of a police vehicle. The injured worker's diagnoses included pain in joint involving lower leg, acute gastritis without hemorrhage, and lumbago. Prior treatments included chiropractic care, home exercises after surgery of the left knee, and steroid injections to the left knee. The injured worker underwent an MRI on 01/07/2014 to the left knee, as well as an MRI on 06/28/2013, and an MRI of the left knee on 05/03/2012. The injured worker underwent a left knee meniscus tear repair and debridement of the site on 02/05/2014. On 07/22/2014, the injured worker presented to the physician post surgically complaining of pain to the left knee. The physician noted the injured worker was not capable of climbing, kneeling, crawling, or heavy lifting. The left knee revealed no tenderness, except mildly at the lateral joint line of the left knee. There was a positive McMurray's sign on the left lateral at the joint. There was no laxity. There was a mild spasm of the lateral quadriceps. The physician noted slight atrophy of the thoracic paraspinal muscles and atrophy of the lumbar paraspinal muscles. The injured worker classified the pain to the left knee as significant and indicated he really wanted to be able to have greater function to that side. The injured worker was prescribed Cyclobenzaprine, Duexis, Lisinopril, Simvastatin, and Vimovo. The injured worker has not received sustained relief after steroid injections to the left knee. The physician recommended Euflexxa injections pending knee X-rays. The physician was requesting viscosupplementation injections for the left knee x 3 for relief of symptoms. The Request for Authorization form was signed on 07/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation Injections For Left Knee X3: 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) ; Hyaluronic acids.

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 request for Viscosupplementation Injections for the left knee x 3 is not medically necessary. The Official Disability Guidelines for Hyaluronic Acid Injections is recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. Guidelines further indicate criteria for the injections include documented symptomatic severe osteoarthritis of the knee, which may include the following bony enlargement; bony tenderness; crepitus (noisy, grating sound) on active motion; less than 30 minutes of morning stiffness; no palpable warmth of synovium; over 50 years of age. Guidelines state pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; failure to adequately respond to aspiration and injection of intra-articular steroids; generally performed without fluoroscopic or ultrasound guidance; are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. The injured worker has not responded to treatments including surgery, a home exercise program, medications, and steroid injections to the affected joint. However, the injured worker has not been diagnosed with osteoarthritis to the left knee via imaging to meet guideline criteria for the requested injections. As such, the request is not medically necessary.