

Case Number:	CM14-0124634		
Date Assigned:	08/11/2014	Date of Injury:	11/01/2007
Decision Date:	12/30/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/06/2014

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 Family Medicine and is licensed to practice in Arizona. 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 is a 64 year old female with a date of injury on 11/1/2007. Diagnoses include anxiety, depression, chronic right knee pain, and patellofemoral syndrome. Subjective complaints are of ongoing right knee pain, with anxiety and depression. A physical exam shows limited right knee flexion and positive patellar grind bilaterally. McMurray's sign was positive on the right. The patient has had prior knee x-rays and MRI. X-ray report was only present for the left knee, which showed joint space narrowing and geriatric changes. Other treatments have included medication, anti-inflammatories, physical therapy, and knee steroid injections. The patient has also had 5 hyalgan injections in the right knee sometime in 2013. Medications include Vicodin, ibuprofen, and Lexapro. Request is for hyaluronic acid injections X 3, and referral to psychotherapy with a psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Out of network referral to [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) CHAPTER 7page 127, Official Disability Guidelines (ODG) Pain, Office Visits

Decision rationale: The ACOEM guidelines indicate that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The ODG recommends office visits are determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. For this patient, ongoing psychological problems are present, and the patient had good results with the requested therapist previously. Therefore, consultation with this psychologist is medically necessary.

Hyaluronic acid injections. Right side series of 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, Knee and Leg Chapter, 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 CA MTUS does not offer recommendations for hyaluronic acid injections. In the ODG it is recommended as an option for osteoarthritis. Indicated for patients who: Experience significantly symptomatic osteoarthritis but have not responded adequately to standard non pharmacologic and pharmacologic treatments or are intolerant of these therapies Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement. The submitted records no not show radiographic evidence of right knee osteoarthritis, and the evidence for significant symptomatic osteoarthritis and functional limitations was not apparent in the submitted records. Furthermore, there are no records that document the efficacy of the 5 prior hyaluronic acid injections. Therefore, the medical necessity of repeat hyaluronic acid injections is not established at this time.