

Case Number:	CM14-0134748		
Date Assigned:	08/27/2014	Date of Injury:	07/26/2007
Decision Date:	12/18/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/21/2014

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 Internal 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:

This is a 60 year old female who sustained an industrial related injury on July 26, 2007. The injured worker was walking with a tray in her hand and slipped on liquid which was on the floor, causing her left foot to slide forward. The injured worker heard a pop and developed lower back pain. Her complaints included low back radiating to the left hip and buttocks and right ankle pain. Initial treatment included x-rays of the left hip and right ankle which were negative. The documentation dated July 31, 2013 supports that a few weeks later the injured worker developed left sided mid back pain, right sided neck pain and headaches. The injured worker continued to complain of bilateral hip pain and right knee pain. The documentation supports the injured worker had multiple surgeries in the past including lumbar 4-5 posterior lumbar intervertebral fusion, exploration of lumbar 4-5 fusion with removal of hardware, left hip, trochanteric bursectomy and arthroscopic evaluation of the left hip and labral reconstruction with autograph iliotibial band. Current diagnosis is right knee pain. Documentation dated May 5, 2014 notes that the injured worker had a moderate right knee effusion with medial swelling, tenderness, instability of the knee and a positive McMurray sign. A standing radiograph revealed mild narrowing of the medial joint line. Further treatment included an MR Arthrogram of the righthknee, pain medication and physical therapy. The injured worker underwent the MR Arthrogram of the right knee on June 18, 2014 which revealed mild damage to the articular surface under a portion of the patella. A progress report dated July 14, 2014 notes that the injured worker had patellofemoral crepitus, swelling and pain in the right knee. On July 18, 2014 a request for a series of three viscosupplementation injections to the right knee was requested. Utilization Review (UR) evaluated and denied the request for the series of viscosupplementation injections. Utilization Review denied the request for viscosupplementation injections due to limited documentation of trialed active rehabilitative

measures to address the knee complaints and limited evidence to support the efficacy of viscosupplementation injections in addressing the patellofemoral condition.

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 on the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Viscosupplementation 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 Section, Viscosupplementation (Hyaluronic Acid Injections)

Decision rationale: Pursuant to the Official Disability Guidelines, Viscosupplementation injections (hyaluronic acid injections) series of three to the right knee are not medically necessary. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments, to potentially delayed total knee replacement. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions including patellofemoral arthritis, chondromalacia patellae, osteochondritis dessicans, or patellofemoral syndrome (patellar knee pain). In this case, the injured worker is 61 years old and underwent an MRI arthrogram. There were no adverse notes in the medical record discussing the knee symptoms or physical findings. The progress notes address complaints referable to the lumbar spine and hips bilaterally. Radiographically, there was mild damage to the articular surface under a portion of the patella. There was mild narrowing of the medial joint line. Physical findings were notable for swelling and signs of instability of locking, catching and giving way. There was moderate effusion with medial swelling. The guidelines recommend Viscosupplementation as a possible option for severe osteoarthritis. These injections are not recommended for the injured worker's radiologic and clinical findings compatible with patella femoral syndrome. Consequently, Viscosupplementation injections series of three to the right knee are not medically necessary.