

Case Number:	CM14-0178436		
Date Assigned:	10/31/2014	Date of Injury:	10/15/2010
Decision Date:	12/12/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/28/2014

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:

This is a 47-year-old male with a 10/15/10 date of injury. The patient underwent right and left knee surgeries in 1995, 1996, 2001 and 2003, right knee tendon repair in February 2011 and right foot surgery on 8/8/14. The reviewer's note dated 10/15/14 indicated that the patient was seen on 9/4/14 with complaints of constant low back pain radiating into the left leg and toes. Exam findings revealed that the patient was on the wheelchair and was using a left knee uploader brace. The left knee exam revealed the range of motion of 5-125 degrees, positive McMurray's and Appley's tests and tenderness to palpation. The anterior drawer test and compression test were positive. The diagnosis is status post bilateral knee surgeries, arthritis, morbid obesity and hypertension. Treatment to date: right and left knee surgeries, right popliteal and saphenous block, work restrictions, wheelchair, knee-uploader brace, cast, and medications. An adverse determination was received on 10/14/14 for a lack of official imaging studies of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee hyalrgan injection x4 with aspiration: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines knee & leg 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 and Leg Chapter) Viscosupplementation injections

Decision rationale: CA MTUS does not address this issue. ODG recommends viscosupplementation injections in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic 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. However the patient underwent left knee arthroscopic repairs, there is a lack of imaging studies confirming the diagnosis of osteoarthritis in the patient's left knee. Therefore, the request for Knee hyalgan injection x4 with aspiration was not medically necessary.