

Case Number:	CM14-0031679		
Date Assigned:	06/20/2014	Date of Injury:	02/03/2013
Decision Date:	08/15/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/12/2014

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 & Rehab, has a subspecialty in Pain Medicine and is licensed to practice in Texas & 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 49-year-old female who reported an injury on 02/03/2013 caused by unspecified mechanism of injury. The injured worker had a history of right knee pain with a diagnosis of right knee contusion/strain. The injured worker had a right knee arthroscopy with a medial meniscectomy dated 07/31/2013. The past treatments included 6 visits of physical therapy; however, no documentation provided. The medication included Norco 10/325 mg and Motrin 800 mg. The objective findings to the right knee per the clinical notes dated 02/07/2014 revealed crepitus with a range of motion 0 to 120 degrees, with an antalgic gait and some swelling. No VAS provided. Current treatment included medications, and a viscoelastic supplemental injection. The Request for Authorization dated 02/24/2014 was submitted with documentation. Rationale was not given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscoelastic Supplementation Injection Series of 3 Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (acute and chronic) Hyaluronic acid injections.

Decision rationale: The request for Viscoelastic supplemental injection series of 3 right knee is non-certified. The Official Disability Guidelines indicate that the Injured worker who experiences a significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months. The response to hyaluronic acid injection products appears more durable than intra-articular corticosteroids in the treatment of knee osteoarthritis and that are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis. Per the clinical notes the injured worker did not have a diagnosis of osteoarthritis or had failed conservative treatment. Hyaluronic acid treatments are not recommended. As such the request is not medically necessary.