MAXIMUS Federal Services

Case Number:	CM14-0035876		
Date Assigned:	06/23/2014	Date of Injury:	03/31/2011
Decision Date:	08/20/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/24/2014

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 Neurological 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:

The records presented for review indicate that this 57-year-old female was reportedly injured on March 31, 2011. The mechanism of injury is noted as tripping over a map. The most recent progress note, dated November 18, 2013, indicates that there are ongoing complaints of knee pain that is slowly improving. The physical examination demonstrated range of motion from 0 to 130 with mild to moderate crepitus. Repeated viscosupplementation injections were recommended six months from the prior injections. Diagnostic imaging studies of the left knee noted minimal arthritic changes and or otherwise normal. Previous treatment includes physical therapy. A request had been made for viscosupplementation injections for the left knee and was not certified in the pre-authorization process on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplemention Injections LT knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Hyaluronic Acid Injections, Updated June 5, 2014.

Decision rationale: According to the Official Disability Guidelines the criteria for visocsupplementation requires documentation of symptomatic severe osteoarthritis of the knee including bony enlargement, bony tenderness, and crepitus along with morning stiffness. Radiographs of the left knee do not show severe osteoarthritis but rather minimal arthritic changes. Therefore this request for viscosupplementation injections for the left knee is not medically necessary.