

Case Number:	CM14-0037283		
Date Assigned:	06/25/2014	Date of Injury:	02/12/2010
Decision Date:	07/25/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/27/2014

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 and Rehabilitation, has a subspecialty in Pain Management, 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 patient is a 59-year-old with date of injury of February 12, 2010. The listed diagnoses per [REDACTED] dated January 30, 2014¹ are left knee meniscal tear, status post arthroscopy, compensatory right hip and thigh pain, and compensatory low back pain. According to this report, the patient complains of left knee pain that he rates 7/10. He describes his pain as intermittent and worse. Examination of the left knee reveals range of motion with flexion is 130 degrees on the left. There were healed portals with tenderness over the medial joint and lateral joint lines. There is a positive patellofemoral grind. The utilization review denied the request on March 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Trial Series of Hyaluronic Viscosupplementation Injection Left Knee Outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): <https://www.acoempracguides.org/Knee; Table 2, Summary of Recommendations, Knee Disorders>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Official Disability Guidelines (ODG) Hyaluronic acid (Synvisc) knee injection.

Decision rationale: This patient presents with left knee pain. The patient is status post

arthroscopy, date of which is unknown. The treater is requesting a trial series of hyaluronic viscosupplementation injection for the left knee. The MTUS and ACOEM Guidelines do not address this request, however, ODG on hyaluronic acid knee injections states that it is an option for severe osteoarthritis for patients who do not respond adequately to recommended conservative treatments including exercise, NSAIDs (non-steroidal anti-inflammatory drugs), or acetaminophen, and to possibly delay total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best. The progress report dated January 30, 2014 notes that the patient is having increased pain in his left knee medially. In this same report, the treater states that it is consistent with posttraumatic arthrosis and he is also status post partial medial meniscectomy. The treater further states that the patient responded well to other previous cortisone injection with two months of relief. In this case, the patient does present with osteoarthritis of the knee and a trial of hyaluronic viscosupplementation for the left knee is reasonable. The request for one trial series of hyaluronic viscosupplementation injection for the left knee as outpatient is not medically necessary or appropriate.