

Case Number:	CM14-0041188		
Date Assigned:	06/27/2014	Date of Injury:	12/14/1999
Decision Date:	08/19/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/07/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 55-year-old female who reported an injury on 12/14/1999. The mechanism of injury was not provided in the medical records. Her diagnoses include right knee osteoarthritis, post meniscectomy and right knee chondrocalcinosis. Her past treatment included medications, topical analgesics, right knee surgery and previous viscosupplementation injections. No diagnostic studies were provided within the medical records. Her surgical history included a meniscectomy of the right knee on an unspecified date. On 02/24/2014, the patient presented with right knee pain. Her physical examination revealed slightly decreased range of motion of the right knee compared with the left as well as tenderness to palpation of the right knee medial joint line. Her medications were noted to include; Tramadol, Tylenol, and Voltaren gel. The treatment plan included another series of viscosupplementation injections as the patient was requesting them. A clear rationale for the request and Request for Authorization form was not provided in the medical records.

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 for the Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Hyaluronic acid injections.

Decision rationale: According to the Official Disability Guidelines, hyaluronic acid injections may be supported for patients experiencing significantly symptomatic osteoarthritis who have not responded to initially recommended conservative treatment for at least 3 months. The guidelines also indicate that symptomatic severe osteoarthritis may be indicated by documentation of bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of the synovium, and age over 50 years. In addition, documentation should show the failure to adequately respond to the aspiration and injection of intra articular steroids. In regards to repeat series of hyaluronic acid injections, the documentation should show significant improvement in symptoms for 6 months or more. The clinical information submitted for review indicated that the patient has osteoarthritis of the right knee and had previous viscosupplementation injections. However, the documentation failed to provide evidence of efficacy of these previous injections and whether the relief of symptoms lasted for 6 months. In the absence of this documentation, a repeat series of injections is not supported by the evidence based guidelines. As such, the request of Viscosupplementation Injections, Series of 3 for the Right Knee is not medically necessary and appropriate.