

Case Number:	CM14-0042275		
Date Assigned:	06/30/2014	Date of Injury:	01/24/1998
Decision Date:	08/19/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/08/2014

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 Medicine 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:

Patient is a 64-year-old male with a 01/24/98 date of injury to his low back and right knee while trying to lift oranges from the ground. In 1998 and 2002, he underwent two surgical procedures on the right knee. In addition, the injured worker received a series of 4 Supartz injections for his right knee in 2006 and a 4th injection on 01/16/2014. Diagnosis includes very severe degenerative joint disease of the knees and chronic lumbosacral strain with lumbar spondylosis. The AME report dated 10/09/08 mentions a past reference to patellofemoral crepitus in the left knee and with complains of slight to moderate constant pain. Pain is worse when he stands or sits for a long time. The report mentions degenerative arthritis reported in 2000 on x-ray by his treating physician. The AME report indicated the following diagnoses: left knee degenerative arthritis with chronic pain; chronic low back pain with mild disk bulging; status post right knee injury with surgery x 2; and degenerative changes. In addition, this report stated that the injured worker should be allowed injections of artificial joint fluid for the knees, if recommended by his treating physician. The injured worker received a series of 5 Supartz injections for the left knee in August and September of 2013. The last report dated 09/25/13 states that the patient claims the injections are helping. Comparison of objective findings reveals a 5-degree increase in range of motion, Lachman's and Homan's is negative and noted patellofemoral crepitation bilaterally 1+. The request is for Viscosupplementation to the left knee 1 time every week for 5 weeks, QTY: 5 injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation to the left knee 1 time every week for 5 weeks, QTY: 5 injections:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), 12/15/11 Knee/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 Chapter.

Decision rationale: Official Disability Guidelines (ODG) indications include patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments; are not candidates for total knee replacement; younger patients wanting to delay total knee replacement. If relief is obtained for 6-9 months and symptoms recur, it may be reasonable to do another series. The guideline criteria for the requested procedure are not met. There is no record of patient's response to standard non-pharmacologic and pharmacologic treatment addressing his left knee. In addition, the duration of relief obtained from the initial series of injections is uncertain; as such information is not included in the documentation provided. The request is not medically necessary.