

Case Number:	CM14-0067608		
Date Assigned:	07/11/2014	Date of Injury:	04/12/2013
Decision Date:	08/21/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/12/2014

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 Preventive 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:

According to the records made available for review, this is a 53-year-old male with a 4/12/13 date of injury and status post left knee arthroscopy with partial medial meniscectomy and chondroplasty of the medial femoral condyle and patella on 10/29/13. At the time (4/9/14) of request for authorization for Hyaluronic Acid injections left knee 3 to 5 times and evaluation and treatment of left shoulder, there is documentation of subjective (chronic significant left knee pain with pain upon weight-bearing; and left shoulder pain) and objective (left knee medial joint line tenderness to palpation) findings, arthroscopic findings (arthroscopy of the left knee (10/29/13) report revealed grade 3 chondromalacia of the patellofemoral compartment, diffuse wear and grade 4 change affecting the trochlea, an area of chondromalacia affecting the medial femoral condyle about its weight bearing aspect, and a large horizontal cleavage tear of the posterior horn medial meniscus), current diagnoses (status post left knee arthroscopy with partial medial meniscectomy), and treatment to date (left knee arthroscopy, home exercise program, knee brace, activity modification, medications (NSAIDs and opioids), and physical therapy). Regarding Hyaluronic Acid injections left knee 3 to 5 times, there is no documentation of significantly symptomatic osteoarthritis, failure of additional conservative treatment (weight loss and intra-articular steroid injection), and arthroscopy findings diagnostic of osteoarthritis. Regarding evaluation and treatment of left shoulder, there is no documentation that an evaluation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyaluronic Acid injections left knee 3 to 5 times: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: MTUS does not address this issue. ODG identifies documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; failure of conservative treatment (such as physical therapy, weight loss, non-steroidal anti-inflammatory medication, and intra-articular steroid injection); and plain x-ray or arthroscopy findings diagnostic of osteoarthritis, as criteria necessary to support the medical necessity of a series of three to five intra-articular injections of Hyaluronic acid. In addition, ODG identifies that Hyaluronic injections are not recommended for conditions including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Furthermore, the guidelines identify that Hyaluronic injections are generally performed without fluoroscopic or ultrasound guidance. Within the medical information available for review, there is documentation of a diagnosis of status post left knee arthroscopy with partial medial meniscectomy. In addition, there is documentation of chronic significant left knee pain; and failure of conservative treatment (such as physical therapy and non-steroidal anti-inflammatory medication). However, despite documentation of subjective findings (chronic significant left knee pain with pain upon weight-bearing); there is no (clear) documentation of significantly symptomatic osteoarthritis. In addition, there is no documentation of failure of additional conservative treatment (weight loss and intra-articular steroid injection). Furthermore, despite documentation of arthroscopic findings (arthroscopy of the left knee report identifying grade 3 chondromalacia of the patellofemoral compartment; diffuse wear and grade 4 change affecting the trochlea; an area of chondromalacia affecting the medial femoral condyle about its weight bearing aspect; and a large horizontal cleavage tear of the posterior horn medial meniscus), there is no (clear) documentation of arthroscopy findings diagnostic of osteoarthritis. Therefore, based on guidelines and a review of the evidence, the request for Hyaluronic Acid injections left knee 3 to 5 times is not medically necessary.

Evaluation and treatment of left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: MTUS reference to ACOEM guidelines identifies that an evaluation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of a diagnosis of status post left knee arthroscopy with partial medial meniscectomy. However given no documentation of objective findings in the left shoulder and a rationale identifying the medical necessity of the requested evaluation and treatment of left shoulder, there is no documentation that an evaluation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for evaluation and treatment of left shoulder is not medically necessary.