

Case Number:	CM14-0072185		
Date Assigned:	07/16/2014	Date of Injury:	05/29/2012
Decision Date:	08/22/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/19/2014

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 Orthopedic 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:

This is a 52-year-old female who sustained a vocational injury on 5/29/12 when a box of material fell on her knee. The claimant underwent left knee arthroscopy with partial medial meniscectomy and chondroplasty on 10/31/13. The follow up visit dated 4/9/14 documented additional diagnoses of lumbosacral neuritis and sprain of the lumbar region with complaints of constant low back pain that radiated to the left leg with numbness. The claimant also had intermittent left knee pain with prolonged ambulation but noted that her left knee felt better following surgery. Physical examination documented tenderness of the medial joint line and the patellofemoral area. The current request is for viscosupplementation for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation injection for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG, Knee chapter, Hyaluronic section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp; 2013 Updates; Chapter Knee and Leg chapter, Hyaluronic acid injections.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, the request for left knee viscosupplementation injections is not recommended as medically necessary. The documentation does not identify that the claimant has attempted, failed, and exhausted traditional first line conservative treatment options such as anti-inflammatories, home exercise program, activity modification, formal physical therapy, or intraarticular Cortisone injection prior to recommending and considering viscosupplementation. There is a lack of recent radiographic assessment or additional diagnostic study confirming end stage degenerative joint disease in the medial and/or lateral compartments which is recommended prior to considering viscosupplementation according to the Official Disability Guidelines. Based on the documentation presented for review and in accordance with Official Disability Guidelines, the request is not medically necessary and appropriate.