

Case Number:	CM14-0082266		
Date Assigned:	07/21/2014	Date of Injury:	11/15/2006
Decision Date:	12/17/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/03/2014

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 Occupational 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:

The patient is a 44-year-old female who has submitted a claim for left knee osteoarthritis associated with an industrial injury date of 11/15/2006. Medical records from 2/21/2014 up to 6/4/2014 were reviewed showing left knee tightness at the end of the day with numbness of left lower extremity with prolonged sitting. She also complains of persistent throbbing pain of left knee when on prolonged weight bearing activities. Physical examination revealed tightness of left hamstring muscles and weakness of knee stabilizers. MRI of the left knee taken on 4/1/2014 showed small joint effusion and tricompartmental cartilage wear relatively worst in the patellofemoral compartment. Treatment to date has included TENS, naproxen 500mg, ice massage, physical therapy, and ACL reconstruction in 2007. The utilization review from 5/23/2014 denied the request for Viscoelastic Supplemental Injection. There is lack of adequate conservative treatment, there is no documentation of failed cortisone injection, and there is no documentation by X-ray or operative report of significant osteoarthritis other than the patellofemoral joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Visioelastic supplemental injection: 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) TWC, Knee & Leg (Acute & Chronic)

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 Injection

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the Official Disability Guidelines (ODG) was used instead. Viscoelastic supplemental injections are recommended when patients experience significantly symptomatic osteoarthritis not responding to conservative non-pharmacologic/pharmacologic treatments for at least 3 months; documented severe osteoarthritis of the knee, which may include the following: bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of synovium, and over 50 years of age; failure to adequately respond to aspiration and injection of intra-articular steroids. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee. In this case, the patient complains of left knee tightness at the end of the day with numbness of left lower extremity with prolonged sitting. She also complains of persistent throbbing pain of left knee when on prolonged weight bearing activities. Physical examination revealed tightness of left hamstring muscles and weakness of knee stabilizers. MRI of the left knee taken on 4/1/2014 showed small joint effusion and tricompartmental cartilage wear relatively worst in the patellofemoral compartment. There is no compelling evidence of osteoarthritic symptomatology other than tightness of the left knee at the end of the day and with prolonged weight bearing activities. The patient has no documentation of failed cortisone injection. There is no documentation of significant osteoarthritis other than the patellofemoral joint. Hyaluronic acid injections are not recommended for patellofemoral arthritis or syndrome. Furthermore, the targeted body part was not specified in the request. Therefore, the request for viscoelastic supplemental injection is not medically necessary.