

Case Number:	CM14-0095915		
Date Assigned:	07/25/2014	Date of Injury:	01/11/2013
Decision Date:	10/02/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/24/2014

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 Texas. 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 57 year old female who reported an injury on 01/11/2013 due to a fall. The injured worker had diagnoses including closed fracture of patella, and unspecified internal derangement of knee. Past medical treatment included medications, and aqua therapy, 23 sessions of physical therapy. Diagnostic testing included MRI's of the left knee which were performed on 07/10/2013 and 12/23/13, the second MRI of the left knee revealed no findings to suggest an acute or subacute osseous abnormality, no definite meniscal tear was seen, there was mild intrasubstance signal in the medial meniscus which was most likely degenerative, tendons and ligaments were intact, and there was no appreciable joint effusion and only a very small Baker's cyst with no loose bodies evident, and an x-ray of left knee date was not provided. Surgical history was not provided. The injured worker complained of pain to the bilateral knees, left greater than right. The physical examination revealed there swelling to the left knee and patellofemoral crepitus to the left knee. Medications were not provided. The treatment plan was for Visco supplementation to the left knee. The rationale for the request was not submitted. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Visco Supplementation to Left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Criteria for Hyaluronic Acid Injections

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

Decision rationale: The request for Visco supplementation to left knee is not medically necessary. The injured worker complained of pain to bilateral knees, left greater than right, as well as swelling to the left knee and patellofemoral crepitus. The Official Disability Guidelines (ODG) recommend hyaluronic acid injections for patients with significantly symptomatic osteoarthritis that has not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or when patients are intolerant of these therapies after at least 3 months. Patients may present with bony enlargement, bony tenderness, crepitus (noisy, grating sound) on active motion, less than 30 minutes of morning stiffness, no palpable warmth of synovium and pain which interferes with functional activities (e.g., ambulation, prolonged standing) and is not attributed to other forms of joint disease. There is a lack of documentation indicating the injured worker is diagnosed with severe symptomatic osteoarthritis. There is a lack of documentation indicating the injured worker has pain which interferes with functional activities (e.g., ambulation, prolonged standing). Additionally, the requesting physician did not include adequate documentation of significant bony enlargement, bony tenderness, less than 30 minutes of morning stiffness, and the absence of palpable warmth of synovium. Therefore, the request for Visco Supplementation to left knee is not medically necessary.