

Case Number:	CM14-0200655		
Date Assigned:	12/11/2014	Date of Injury:	06/13/2014
Decision Date:	01/30/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/01/2014

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 34-year-old female who reported an injury on 06/13/2014. The mechanism of injury was a slip and fall. Her diagnoses included left knee patellofemoral articular cartilage injury with a tight lateral retinaculum, left lateral knee meniscal tear, right knee internal derangement, status post left knee partial medial and lateral meniscectomy with chondroplasty and tricompartmental synovectomy, and left knee full thickness articular cartilage injury of the patella status post meniscectomy. Past treatments included physical therapy, medications. Diagnostic studies included an x-ray of the left knee on 07/25/2014 which was unremarkable and an x-ray of the left foot and left knee on 06/13/2014 showing no bony pathology. On 06/27/2014, an MRI of the left knee revealed discoid lateral meniscus with longitudinal, horizontal, and oblique tearing of the entire discoid lateral meniscus; low grade tricompartmental chondromalacia; and a trace popliteal cyst. A left knee partial medial and lateral meniscectomy with chondroplasty and tricompartmental synovectomy was performed on 08/19/2014. The patient complained of a considerable amount of pain to the right knee with swelling due to compensation for the left knee. Upon physical assessment, the patient ambulated without difficulties or perceptible limp. There was no evidence of radiculopathy, myelopathy, or peripheral nerve, motor, or sensory defects. Sensation to touch throughout all dermatomal distributions. Her deep tendon reflexes of the quadriceps, biceps, triceps, and brachioradialis were 2+ and equal bilaterally, and the injured worker was negative for Hoffman's and Babinski's signs. Examination of the left knee showed no evidence of atrophy, and range of motion was 0 to 135 degrees. There was no medial or lateral joint line tenderness. Patellar mobility was within normal limits, with no evidence of ligamentous laxity. The lower extremities revealed 5/5 strength in the hip flexors, extensors, quadriceps, hamstrings, anterior tibialis, posterior tibialis, peroneal, gastrocnemius, and extensor hallucis longus muscles bilaterally. Sensation was intact

to the bilateral lower extremities, and deep tendon reflexes were normal and symmetric. It was indicated the injured worker was on no medications. The treatment plan included Viscosupplementation injections for the left knee. The rationale for the request for viscosupplementation injections times 3 to postop left knee was due to findings of full thickness articular cartilage damage. The Request for Authorization was dated 10/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation injections, x 3 to post-op 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Hyaluronic Acid Injections

Decision rationale: The request for viscosupplementation injections, x 3 to post-op left knee is not medically necessary. The Official Disability Guidelines recommend hyaluronic acid injections as an option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments including exercise, NSAIDs, or acetaminophen. Additionally, it is recommended to combine use of a hyaluronate injection with a home exercise program. They should be considered for management of moderate to severe pain in patients with knee osteoarthritis. It is also indicated that there was no benefit in hyaluronic acid injections after knee arthroscopic meniscectomy in the first 6 weeks after surgery. There is no documentation of symptomatic severe osteoarthritis of the knee, such as bony enlargements, tenderness, stiffness or crepitus on active motion; as the injured worker is not symptomatic with severe osteoarthritis. Also, there is a lack of documentation indicating the injured worker has significant objective functional deficits, or had participated in home exercise program with objective functional findings. As such, the request for viscosupplementation injections, x 3 to post-op left knee is not medically necessary.