

Case Number:	CM14-0208936		
Date Assigned:	12/22/2014	Date of Injury:	07/01/1987
Decision Date:	02/27/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 1, 1987. In a Utilization Review Report dated December 10, 2014, the claims administrator denied a Hyalgan injection. The claims administrator referenced a progress note of December 4, 2014, in its determination. The claims administrator stated that documentation in file did not establish the presence of issues with knee arthritis and/or a failure of conservative treatment, despite the fact that the applicant was some 27 years removed from the date of the injury. The applicant's attorney subsequently appealed. An x-ray of the knees dated March 10, 2010, was notable for evidence of bilateral ACL reconstructions with moderate right knee tricompartmental arthritis, worse along the medial compartment and minimal left knee degenerative changes. In a handwritten progress note dated December 4, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of knee pain. Viscosupplementation injection therapy for the knee was endorsed. In an earlier note dated October 31, 2014, the applicant was described as having persistent complaints of knee pain status post earlier ACL reconstruction surgery. Medial joint line tenderness was noted. Viscosupplementation injection therapy was sought on that date. In a November 10, 2010 progress note, the attending provider posited that the applicant was fairly functional in terms of exhibiting a well-preserved gait. The applicant was able to walk for up to half an hour consecutively, it was stated. The attending provider stated that he was intent on deferring the need for total knee arthroplasty as long as possible.

IMR ISSUES, DECISIONS AND RATIONALES

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

One hyalgan gel knee injection: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter Viscosupplementation Injection section.

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines do acknowledge viscosupplementation injections are recommended in applicants with moderate-to-severe knee arthritis, as was/is present here. The applicant has clinically evident, radiographically confirmed knee arthritis status post earlier ACL reconstruction surgery. The applicant was/is apparently intent on employing viscosupplementation injection therapy in an effort to avoid a total knee arthroplasty surgery. The attending provider has contented that the applicant is intent on employing viscosupplementation injection therapy in an effort to defer the need for a total knee arthroplasty procedure. This is an appropriate indication for viscosupplementation injection therapy, per ACOEM. Therefore, the request is medically necessary.