

Case Number:	CM15-0005865		
Date Assigned:	01/20/2015	Date of Injury:	12/22/2010
Decision Date:	03/13/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	01/12/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 47 year old female, who sustained an industrial injury on 12/22/10. She has reported pain and swelling in the knees. The diagnoses have included hypermobile patellar, status post right knee arthroscopy, status post left knee arthroscopy and osteoarthritis. Treatment to date has included physical therapy, diagnostic studies, oral medications, Kenalog injections and viscosupplementation injections. On 6/16/14, the injured worker reported significant discomfort and stiffness and received a Kenalog injection to the bilateral knees. This note indicated that the injured worker responds better to the viscosupplementation injection than the Kenalog. The treating physician is requesting injections for the left knee. On 12/10/14 Utilization Review non-certified a request for viscosupplementation injections for the left knee, the UR physician cited the ODG guidelines, noting that there was no documentation of a failure to adequately respond to aspiration and injection of intra-articular steroids. On 1/11/15, the injured worker submitted an application for IMR for review of viscosupplementation injections 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 injections for the 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 Treatment Index, 12th Edition (web), 2014, Knee and Leg Chapter, Hyaluronic acid injections and Continuous-flow Cryotherapy

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

Decision rationale: Pursuant to the Official Disability Guidelines, Visco supplementation (hyaluronic acid injections) to the left knee is not medically necessary. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately recommended conservative treatments (exercise, nonsteroidal anti-inflammatory drugs or acetaminophen could potentially delay total knee replacement. The criteria for hyaluronic acid injections are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, significant symptomatic osteoarthritis that has not responded to conservative nonpharmacologic and pharmacologic treatments; documented symptomatic severe osteoarthritis of the knee (objective findings); pain interferes with functional activities; failure to adequately respond to aspiration and injection of intra-articular steroids; hyaluronic acid injections are not recommended for chondromalacia patella, facet joint arthropathy, osteochondritis dessicans, patellofemoral arthritis, patellofemoral syndrome, plantar nerve entrapment syndrome or for use enjoys other than the knee, etc. See the guidelines for additional details. In this case, mild patella alta with mild lateral patellar cartilage degenerative and possible fissure of the lateral facet; possible patellar tendon-lateral femoral condyle friction syndrome and no meniscus or ligament tear. Subjectively, the injured worker complained of bilateral knee pain radiating to the feet with a burning sensation in both knees. Pain is rated 10/10. Walking and standing cause pain in both knees. She reports weakness, swelling and grinding in both knees. Objectively, gait was normal. Motor testing was 5/5. It was patella tendon is in the right knee. McMurray's test and Lachman's test for negative bilaterally. Reportedly, the injured worker had prior visco-supplementation injections that were beneficial. The documentation, however, did not contain objective functional evidence of improvement. The documentation does not contain evidence of significant symptomatic osteoarthritis. The documentation doesn't indicate whether the injured worker responded to conservative pharmacologic and nonpharmacologic treatments. The documentation did not indicate whether the injured worker failed to respond to prior aspiration and injection of intra-articular steroids. The injured worker did not meet the criteria for visco-supplementation injections. Consequently, absent clinical documentation to support the criteria for visco-supplementation (hyaluronic acid injections); Visco supplementation (hyaluronic acid injections) to the left knee is not medically necessary.