

Case Number:	CM15-0100721		
Date Assigned:	06/03/2015	Date of Injury:	02/25/2011
Decision Date:	07/07/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/26/2015

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

Certification(s)/Specialty: Emergency 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 62 year old male, who sustained an industrial injury on 2/25/11. He reported lower back, left thumb and right knee. The injured worker was diagnosed as having lumbosacral sprain, degenerative disc disease of L4-5 and L5-S1 and medial meniscal tear of right knee with tricompartmental synovectomy. Treatment to date has included oral medications, physical therapy, knee brace and home exercise program. (MRI) magnetic resonance imaging of lumbar spine performed on 11/14/14 revealed anterolisthesis of L4, disc desiccation at L4-5 and L5-S1 and it is noted to be unchanged from prior study dated 8/30/13. Currently, the injured worker complains of pain in lower back rated 7-9/10 with radiation down right buttock and down the front and back of right leg. He is currently retired. Physical exam noted a slow gait, restricted range of motion of lumbar spine and diffuse tenderness along the right pes anserinus, patellar tendon, retinaculum collateral ligaments, medial and lateral joint lines and facets of the patella. A request for authorization was submitted for a series of 3 Viscosupplementation injections to the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 viscosupplementation injections to the right 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 (ODG), Knee & 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 Official Disability Guidelines (ODG) Knee Procedure - Hyaluronic acid injections.

Decision rationale: The request is for 3 viscosupplementation injections to the right knee. This is a procedure to inject a gel-like fluid called hyaluronic acid into the knee joint. Hyaluronic acid is a naturally occurring substance found in synovial fluid within the joint capsule. The MTUS guidelines are silent on viscosupplementation. The Official Disability Guidelines suggest viscosupplementation is recommended as an option for treatment of knee osteoarthritis, it is typically recommended after treatment with injection of corticosteroid. Neither criteria are clearly demonstrated in the medical record; clear documentation of moderate to severe osteoarthritis, nor prior treatment with glucocorticoid injection. Therefore, the criteria necessary for viscosupplementation have not been met and the request as written is therefore not medically necessary.