

Case Number:	CM15-0014398		
Date Assigned:	02/03/2015	Date of Injury:	03/12/2003
Decision Date:	04/02/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/26/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old female, who sustained an industrial injury on 3/12/03. She has reported pain in the knees, upper extremities and neck. The diagnoses have included left knee osteonecrosis, bilateral knee chondromalacia and degenerative arthritis. Treatment to date has included left knee arthroscopy, physical therapy, diagnostic studies and oral medications. As of the PR2 dated 12/31/14, the injured worker reported on going pain in both knees and difficulty climbing stairs because of pain. The treating physician noted inflammation and tenderness in both knees. The treating physician requested viscosupplementation for bilateral knees. On 1/20/15 Utilization Review non-certified a request for viscosupplementation bilateral knees, the utilization review physician cited the ODG guidelines regarding hyaluronic acid injections. On 1/21/15, the injured worker submitted an application for IMR for review of viscosupplementation, bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation, Bilateral knees, per 12/31/2014 PR-2 QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Hyaluronuic 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), Treatment Index, 18th Edition (web), 2013, Treatment in Workers Compensation, Knee Hyaluronic Acid Injections.

Decision rationale: California Medical Treatment Utilization Schedule does not discuss the question of viscosupplementation. Official Disability Guidelines/Treatment in Workers Compensation/knee does discuss hyaluronic acid injection. These guidelines state that if a patient has significant documented improvement in symptoms for six months and symptoms recur, it may be reasonable to do another series. In this case, the medical records do not clearly document the results of prior the patient's most recent viscosupplementation treatment on the day of such treatment. Also, the nature of the viscosupplementation injection and the number of injections requested has not been documented. For these reasons, it is not possible to apply a guideline given the limited information. Therefore, given this limited clinical information, this request is not medically necessary.