

Case Number:	CM15-0138724		
Date Assigned:	07/28/2015	Date of Injury:	11/02/2012
Decision Date:	08/25/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52-year-old male, who sustained an industrial injury on 11/02/2012, resulting from cumulative trauma, while employed as a truck driver. The injured worker was diagnosed as having lumbar sprain/strain, lumbar degenerative disc disease, pain in joint, lower leg, and osteoarthritis, unspecified whether generalized or localized, lower leg. Treatment to date has included diagnostics, left knee arthroscopic surgery in 11/2012, right knee arthroscopic surgery 2/2014, physical therapy, a series of viscosupplementation injections in both knees (approximately one month prior to Qualified Medical Evaluation on 10/24/2014), cortisone shot to knee with reaction, H wave unit, and medications. Currently, the injured worker complains of constant pain in his bilateral knees and lumbar spine, rated 7/10. He reported difficulty with stairs, occasional giving way bilaterally, and popping. He was working full duty. Exam of the bilateral knees noted tenderness to palpation and mildly decreased range of motion. X-rays of the bilateral knees were documented as showing less than 4mm of medial joint space narrowing. The Qualified Medical Re-Evaluation on 4/10/2015 noted that he may require cortisone injections of each knee (up to three per year) and viscosupplementation injections of each knee (up to one series every year). The current treatment plan included a series of 3 visco injections for the right knee, noting a reaction to steroid injection, and good benefit with previous visco series mid last year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation injections series of 3 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).

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 claimant sustained a work injury in November 2012 and underwent a right partial medial meniscotomy in February 2014. When seen, he was having constant lumbosacral and bilateral knee pain. He was having difficulty negotiating stairs. He was having knee popping without locking. He had completed eight physical therapy treatment sessions. Physical examination findings included knee tenderness with decreased range of motion and strength was limited by pain. McMurray's testing was positive bilaterally. His BMI was nearly 34. Imaging results were reviewed including a weight-bearing x-rays of the knees in June 2015 showing medial joint space narrowing with severe lateral patellofemoral narrowing. There had been an adverse reaction to a prior corticosteroid injection. The claimant has reported having undergone bilateral knee viscosupplementation injections. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement. A repeat series of injections can be considered if there is a documented significant improvement in symptoms for 6 months or more and the symptoms recur. In this case, the claimant does not have a diagnosis of severe knee osteoarthritis and his response to a previous series of right knee viscosupplementation injections is not documented. A repeat series is not medically necessary.