MAXIMUS Federal Services

Case Number:	CM15-0165711		
Date Assigned:	09/03/2015	Date of Injury:	09/12/2012
Decision Date:	10/13/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/24/2015

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 43 year old female, who sustained an industrial injury on 9-12-12. She reported pain in her right knee after she slipped on a wet floor. The injured worker was diagnosed as having right knee osteoarthritis. Treatment to date has included physical therapy, a right knee partial lateral meniscectomy and plica excision, a right knee Euflexxa injection on 2-5-15 and 2-12-14 (with little relief) and a right knee brace. Current medications include Lisinopril, Naproxen, Prilosec, and Norco. Progress noted reviewed (3-25-15 to 6-17-15) indicated the injured worker's right knee pain was 7-10 out of 10 without medications and 6-8 out of 10 with medications and she was unable to move around without medications. As of the PR2 dated 7-27-15, the injured worker reports continued right knee pain. Objective findings include right knee range of motion 0-90 degrees, mild effusion and tenderness to palpation in the medial and lateral joint line. The treating physician requested a right knee Supartz with ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee supartz with ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, 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 & Leg (Acute & Chronic), Hyaluronic acid injections.

Decision rationale: September 2012 and continues to be treated for right knee pain. She has a diagnosis of severe degenerative joint disease. Surgical treatments have included a partial meniscectomy and plica excision in June 2013. Cortisone injections were done in August 2013. Viscosupplementation injections were done in February and March 2014 without reported benefit. Medications include Norco, Naprosyn, and Prilosec. When seen, she had been using an unloader brace but had not noticed a change in symptoms. She was continuing to ambulate with a cane. Physical examination findings included decreased right knee range of motion with a mild effusion and joint line tenderness with decreased strength and mildly positive patellar grinding. Her BMI is over 34. Authorization for a series of viscosupplementation injections was requested. Total knee replacement surgery was being considered. 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 had no apparent improvement after a previous series of injections and a repeat series is not medically necessary.