MAXIMUS Federal Services

Case Number:	CM15-0186673		
Date Assigned:	10/21/2015	Date of Injury:	03/21/2005
Decision Date:	12/07/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/22/2015

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 63 year old female who sustained an industrial injury on 3-21-05. A review of the medical records indicates that the worker is undergoing treatment for right shoulder status post arthroscopic surgery, cervical sprain-strain, right knee status post partial medial and lateral menisectomy with posttraumatic arthrosis of the medial compartment, left knee medial meniscus tear-unoperated, lumbar spine degenerative disc disease, degenerative joint disease with bulges, depression, obesity, insomnia, gastroesophageal reflux disease, rheumatoid arthritis, bilateral posttraumatic arthritis of the knees-industrial and left total knee replacement. Subjective complaints (8-17-15) include "severe" pain and swelling of the right knee. Objective findings (8-17-15) include synovitis (right) knee rated 3 out of 4, right knee range of motion extension-flexion is 0-90 degrees, and she ambulates with a cane. A right knee x-ray reveals "medial compartment 1 mm of cartilage space, lateral compartment 4 mm and patellofemoral compartment 3 mm." The worker was given an injection of 1 cc DepoMedrol and 3cc Xylocaine and 3 cc Marcaine to the right knee (8-17-15) because of "severe" pain. Work status is noted as she is not working. Previous treatment includes medication, physical therapy, injection-right knee (6-15-15, lasted 2 months) and acupuncture. The requested treatment of unknown viscosupplementation and one injection with 1cc of Depo-Medrol and 3cc of Xylocaine and 3cc of Marcaine into the right knee was non-certified on 9-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown viscosupplementation: Overturned

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 and Leg (Acute and Chronic): 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, Hyaluronic Acid injections.

Decision rationale: The MTUS Chronic pain or ACOEM guidelines do not adequately have any specific sections that deal with this topic. Official Disability Guidelines (ODG) recommend it as an option in osteoarthritis in situations where conservative treatment has failed to manage the pain and to delay total knee replacement. The benefits are transient and moderate at best. It is recommended for severe arthritis and to prevent surgery such as total knee replacement. Patient meets criteria for recommendation. Patient has known severe osteroarthritis with failure of medication and steroid injections. Viscosupplementation/hyaluronic injection is medically necessary.

One injection with 1cc of Depo-Medrol and 3cc of Xylocaine and 3cc of Marcaine into right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic): Corticosteroids injections, 7/10/15.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Corticosteroid injections.

Decision rationale: MTUS ACOEM guidelines generally do not recommend routine steroid injection to the knee but no specific criteria or guidelines were present. Official Disability Guidelines were reviewed. As per ODG, steroid injection for knee may be considered for short-term use in severe osteoarthritis. Its effects are generally short lived. Patient last received an injection on 6/17/15, which provided only several weeks of mild benefit before another injection was requested. A repeat injection is not supported by documentation. There is no objective documentation of improvement in pain or functional status despite claim of improvement in pain from prior injection. Except for pain relief, there is no other long-term goal concerning injection. The request is not medically necessary.