

Case Number:	CM15-0187179		
Date Assigned:	09/29/2015	Date of Injury:	03/26/2015
Decision Date:	11/06/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/23/2015

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 47 year old female with a date of injury on 03-26-2015. The injured worker is undergoing treatment for chondromalacia patellae, contusion of the knee and derangement of the knee. Physician progress notes dated 06-04-2015 to 08-13-2015 documents the injured worker complains of pain in her knee which is frequent and the pain is mild to moderate and radiates to the back of her knee, left leg and hip. Pain is aggravated by walking and standing. It is relieved by medications and bracing. Pain wakes her up at night and she has swelling, instability, and grinding. It is documented on 08-13-2015 current medications included Naproxen, Tramadol, Prilosec and Lunesta. On 06-25-2015, Ultracet was discontinued. On 08-13-2015 Naproxen, Prilosec and Lunesta were stopped. Treatment to date has included diagnostic studies, medications, physical therapy and knee bracing. Left knee x ray reveals minute spurring of the medial joint line, and significant spurring of the patellofemoral joint noted on the lateral and sunrise views. The physician documents the Magnetic Resonance Imaging of the left knee done on 05-29-2015 revealed "tricompartamental cartilage disease with scattered moderate grade chondral fissures in the medial and lateral femorotibila compartments as well as high grade chondral loss at the medial and lateral trochlea". She is not working, she is temporarily totally disabled. On 08-26-2015 Utilization Review non-certified the request for Viscoelastic supplementation injection 3 times (3 syringes) for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscoelastic supplementation injection 3 times (3 syringes) for the left 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 and Leg, (Acute & 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 & Leg, Acute & Chronic, Criteria for Hyaluronic acid injections.

Decision rationale: The requested Viscoelastic supplementation injection 3 times (3 syringes) for the left knee, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Knee & Leg, Acute & Chronic, Criteria for Hyaluronic acid injections noted: "Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³); Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids; Generally performed without fluoroscopic or ultrasound guidance; Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement." The injured worker has pain in her knee, which is frequent, and the pain is mild to moderate and radiates to the back of her knee, left leg and hip. Pain is aggravated by walking and standing. It is relieved by medications and bracing. Pain wakes her up at night and she has swelling, instability, and grinding. It is documented on 08-13-2015 current medications included Naproxen, Tramadol, Prilosec and Lunesta. On 06-25-2015, Ultracet was discontinued. On 08-13-2015 Naproxen, Prilosec and Lunesta were stopped. Treatment to date has included diagnostic studies, medications, physical therapy and knee bracing. Left knee x ray reveals minute spurring of the medial joint line, and significant spurring of the patellofemoral joint noted on the lateral and sunrise views. The physician documents the Magnetic Resonance Imaging of the left knee done on 05-29-2015 revealed "tricompartamental cartilage disease with scattered moderate grade chondral fissures in the medial and lateral femorotibial compartments as well as high grade chondral loss at the medial and lateral trochlea". The treating physician has not documented evidence, of symptomatic, severe osteoarthritis. The criteria noted above not having been met, Viscoelastic supplementation injection 3 times (3 syringes) for the left knee is not medically necessary.