

Case Number:	CM15-0194037		
Date Assigned:	10/07/2015	Date of Injury:	10/12/2010
Decision Date:	11/23/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/02/2015

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, Hawaii

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 43 year old female, who sustained an industrial injury on 10-1-10. The injured worker was diagnosed as having right chondromalacia patellae. Treatment to date has included use of a knee brace and medication including Naproxen and Terocin patches. On 6-8-15 the treating physician noted "a viscoelastic supplementation was provided on the last visit. This gave short term relief that lasted 1 week. During that window of time the patient experience 20% pain relief, this was followed by recurrence of symptoms." Regarding knee pain, on 9-4-15 the treating physician noted "severity of symptoms is described as moderate to severe with profound limitations. Pain radiation not report by the patient. Associated symptoms include popping, locking, grinding. Ambulation is unaided, no assistive devices used." On 9-4-15, the injured worker complained of right knee pain. On 9-14-15 the treating physician requested authorization for a viscoelastic supplementation injection to the right knee. On 9-21-15 the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscoelastic supplementation injection right knee #1: 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 & Leg - Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Knee & Leg, Hyaluronic acid injections.

Decision rationale: The patient presents with pain affecting the right knee. The current request is for Viscoelastic supplementation injection right knee #1. The treating physician report dated 8/21/15 (22B) states, "Viscoelastic supplementation injection was provided on the few visits. Patient reports a positive response to the injections and has given the patient satisfactory pain relief and has allowed for improved function and quality of life. The response to the injection is encouraging. Patient is happy with decreased pain and improved function. Additional injections are being requested at this time." The ODG guidelines recommend hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen) to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best". While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain)." In this case, while the patient has received functional improvement from previous injections, there is no documentation in the medical reports provided that shows the patient has severe osteoarthritis of the right knee. The patient's diagnoses include: Chondromalacia patellae and derangement of the knee, neither of which are indicated by the ODG guidelines to be treated with Viscoelastic supplementation injections. The current request does not satisfy the ODG guidelines as the Viscoelastic supplementation injections are only supported for severe osteoarthritis of the knee. The current request is not medically necessary.