

Case Number:	CM15-0199498		
Date Assigned:	10/14/2015	Date of Injury:	08/19/2012
Decision Date:	11/25/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/09/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 45 year old female, who sustained an industrial injury on 08-19-2012. A review of the medical records indicates that the worker is undergoing treatment for lumbar discopathy with possible radiculopathy, post-op anterior cruciate ligament reconstruction of the left knee with persistent of pain, stiffness and weakness and right knee increased compensatory pain. Subjective complaints (06-15-2015 and 07-13-2015) include chronic low back, left knee and left shoulder pain and subjective complaints (08-04-2015) include worsening pain, swelling and feeling of buckling and giving way of the bilateral knees. Objective findings on 06-15-2015 include antalgic gait, spasm and tenderness of the paravertebral muscles of the lumbar spine with decreased range of motion, trigger points, discomfort with elevation of the left upper extremity against gravity, discomfort with flexion and extension of the left knee against gravity with patellar crepitus, objective findings (07-13-2015) include an antalgic gait, spasm and tenderness of the paravertebral muscles of the cervical and lumbar spine with decreased range of motion and discomfort with flexion and extension of the left knee against gravity. The most recent progress note (08-04-2015) does not document any objective findings. Treatment has included pain medication, trigger point injections, acupuncture, physical therapy and surgery. The injured worker was noted to have responded well to trigger point injections. MRI arthrogram on 06-24-2015 was noted to show grade III or IV chondromalacia of the medial-lateral joint line of the left knee and the physician stated that viscosupplementation of the left knee would be requested. A utilization review dated 09-29-2015 non-certified a request for VIscosupplementations to the left knee series of 3 injections qty: 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementations to the left knee series of 3 injections qty: 3.00: 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, 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 and leg chapter, Hyaluronic acid injection.

Decision rationale: CA MTUS/ACOEM is silent regarding the request for viscosupplementation for the knee. According to the ODG Knee and leg chapter, Hyaluronic acid injection, it is indicated for patients with documented severe osteoarthritis of the knee and patients who have failed 3 months of conservative non-pharmacologic (e.g. exercise) and pharmacologic treatments or are intolerant of these therapies. As there is no documentation of failed conservative therapy and radiographic documentation of severe osteoarthritis in the exam note from 8/4/15, the determination is not medically necessary.