MAXIMUS Federal Services

Case Number:	CM15-0203650		
Date Assigned:	10/20/2015	Date of Injury:	09/03/2004
Decision Date:	12/01/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/16/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 59 year old female, who sustained an industrial injury on 09-03-2004. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for bilateral knee arthrosis. Medical records (01-20-2015 to 09-23-2015) indicate ongoing bilateral knee pain with swelling and grinding. Pain levels were rated 5-9 out of 10 in severity on a visual analog scale (VAS). Activity levels and level of functioning were no specifically addressed. Per the treating physician's progress report (PR), the IW has returned to work without restrictions. The physical exam, dated 09-23-2015, revealed mild swelling to both knees, full extension and flexion to 110-115° with associated pain, bilateral popping, pain in the parapatellar facet area and along the medial and lateral joint lines, and negative McMurray's sign. Relevant treatments have included: physical therapy (PT), cortisone injections, work restrictions, and pain medications. The IW was administered a steroid injection on 09-23-2015. The request for authorization (09- 24-2015) shows that the following treatment was requested: joint lubricant injection for the bilateral knees. The original utilization review (10-01-2015) non-certified the request for joint lubricant injection for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Joint lubricant injection for the bilateral knees: 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: Decision based on MTUS Knee Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 36.

Decision rationale: According to the guidelines, steroid injections are indicated for short-term use for arthritic knees and hyaluronic acid injections are indicated for diagnosed arthritis of the knees with repeat injections recommended no sooner than every 6 months. In this case, the claimant has received numerous hyaluronic acid injections and steroid injections over the years. The current request for lubricant injection is non-specific and not outlined in any guidelines or literature. Prior steroid injections only provided 1 month of relief. The request is not specific and not medically necessary.