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| Case Number: | CM15-0204602 | | |
| Date Assigned: | 10/21/2015 | Date of Injury: | 09/06/2013 |
| Decision Date: | 12/03/2015 | UR Denial Date: | 09/18/2015 |
| Priority: | Standard | Application Received: | 10/19/2015 |

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 59 year old male who sustained an industrial injury on 9-6-2013. A review of medical records indicates the injured worker is being treated for lumbar radiculopathy, right knee partial meniscectomy, right knee internal derangement, and right knee osteoarthritis. Medical records dated 9-8-2015 noted right knee pain and swelling. Physical examination noted a positive effusion of the right knee. Treatment has included 28 sessions of physical therapy and surgery. Medications have included Gabapentin, Diclofenac, Tramadol, Naproxen, and topical cream. Utilization review form dated 9-18-2015 noncertified right knee viscosupplementation injections (1x3).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee viscosupplementation injections (1x3): 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 - Criteria for 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 section, Hyaluronic acid injections.

Decision rationale: Pursuant to the Official Disability Guidelines, right knee visco-supplementation injections (13) is not medically necessary. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients with not responded adequately to recommended conservative treatments (exercise, non-steroidal anti-inflammatory drugs or Tylenol to potentially delay the replacement. The criteria for hyaluronic acid injections include, but are not limited to, patients experience significant symptomatic osteoarthritis but have not responded adequately to conservative pharmacologic and non-pharmacologic treatment is; documented objective (and symptomatic) severe osteoarthritis of the knee that may include bony enlargement, bony tenderness over the age of 50; pain interferes with functional activities; failure to adequately respond to aspiration and injection of intra-articular steroids; generally performed without fluoroscopy ultrasound; are not candidates for total knee replacement or failed previous knee surgery from arthritis repeat series of injections-if documented significant improvement for six months or more it may be reasonable to perform another series. Hyaluronic acid is not recommended for other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis desiccans, patellofemoral arthritis, patellofemoral syndrome, etc. In this case, the injured worker's working diagnoses are the thoughts right ankle posterior tibial and peroneal tendinitis; right knee status post (illegible); and discopathy with radiculopathy. Date of injury is September 6, 2013. Request for authorization is September 16, 2015. According to a September 8, 2015 progress note, the injured worker is status post right knee meniscectomy April 2015. Subjectively, there is pain and soreness. Objectively, there is an effusion. There is no documentation of severe osteoarthritis. There is no objective evidence of severe osteoarthritis. There is no documentation of a failure to respond to aspiration and/or injection of intra-articular steroids. There is no bony tenderness or enlargement documented. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and limited evidence of osteoarthritis on physical examination, right knee visco-supplementation injections (13) is not medically necessary.