

Case Number:	CM15-0020504		
Date Assigned:	02/10/2015	Date of Injury:	12/12/2013
Decision Date:	03/26/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/03/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57-year-old female sustained an industrial injury to bilateral knees on 12/12/13. Treatment included knee brace, medications, activity modifications, physical therapy right knee arthroscopy. X-ray right knee (12/1/14) showed an inferior patellar spur, well-preserved joint spaces, good patellofemoral relationship, no loose bodies, no heterotopic calcifications and no acute fractures. X-ray left knee (12/1/14) showed posterior fabella and well preserved joint spaces, good patellofemoral relationship, no loose bodies, no heterotopic calcifications and no acute fractures. In an office visit dated 12/15/14, the injured worker complained of moderate to severe bilateral knee pain, bilateral hand pain and low back pain with radiation to both lower extremities. Current diagnoses included carpal tunnel syndrome, bilateral De Quervain's syndrome, and bilateral derangement of knee, bilateral bursitis, bilateral chondromalacia patella, lumbar spine sprain strain, and right meniscal tear. The treatment plan included physical therapy three times a week for four weeks for the low back and left knee, continuing medications (Anaprox, Prilosec, and Ultracet), starting a Terocin patch, and requesting Viscoelastic Supplementation Injections to the right knee. The physician noted that the injured worker had intractable right knee pain unresponsive to other conservative measures. On 1/13/15, Utilization Review noncertified a request for three Viscoelastic Supplementation Injections citing ODG Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Viscoelastic Supplementation Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 339.

Decision rationale: This 57 year old female has complained of low back pain and bilateral knee pain since date of injury 12/12/13. She has been treated with right knee arthroscopy, physical therapy, and medications. The current request is for three Viscoelastic supplementation injections right knee. Per the MTUS guideline cited above, Viscoelastic supplementation injections for the treatment of knee pain are not a recommended pharmaceutical or procedural intervention. On the basis of the MTUS guideline cited above, viscosupplementation to the right knee is not indicated as medically necessary in this patient.