MAXIMUS Federal Services

Case Number:	CM15-0025958		
Date Assigned:	02/18/2015	Date of Injury:	01/07/2007
Decision Date:	05/01/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/11/2015

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 64-year-old female, who sustained an industrial injury on 1/7/07. The injured worker was diagnosed as having secondary localized osteoarthritis lower leg; pain in joint; power leg; plantar fascial fibromatosis; tear medial cartilage or meniscus knee; wrist sprain/strain; strain/sprain unspecified site of knee/leg. Treatment to date has included status post bilateral carpal tunnel release (no date); status post release DeQuervain's tenosynovitis; status post arthroscopic right epicondylitis, release; status post partial medial and lateral menisectomy left knee; status post right total knee replacement. Currently, the injured worker documents on a "Patient Revisit Questionnaire" that the she complains of pain in left knee and pain in left waist and left knee seems to "lock". The provider has requested Hyalgan viscosupplementation injections with Ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Visco supplementation left knee using ultrasound guidance with Hyalgan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, 12th Edition (web 2014), Knee, Hyaluronic acid.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee/Leg Viscosupplementation.

Decision rationale: The patient presents with pain affecting the left knee. The current request is for Visco Supplementation Left Knee using ultrasound guidance with Hyalgan. The treating physician states, "Left Knee: Positive tenderness parapatellarly and posteriorly, positive quadriceps atrophy. Flare-up of knee." (4B) The primary treating physician has diagnosed this patient with left knee medial and lateral meniscal tear postoperatively (date unknownThe report requesting this procedure was not provided for review. The ODG guidelines state, "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen)." The ODG guidelines require, "Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic, Documented symptomatic severe osteoarthritis of the knee, Pain interferes with functional activities, Failure to adequately respond to aspiration and injection of intra-articular steroids, Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis." The utilization reviewer was able to confirm during a peer-to-peer discussion that the patient has not responded to pharmacologic agents. (9B) In this case, in the records provided for review, the treating physician has not documented that the patient has osteoarthritis affecting the left knee or if the patient is currently a candidate for total knee replacement. The current request is not medically necessary and the recommendation is for denial.