MAXIMUS Federal Services

Case Number:	CM15-0218931		
Date Assigned:	11/10/2015	Date of Injury:	12/18/2003
Decision Date:	12/28/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/06/2015

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: New York, West Virginia,
Pennsylvania Certification(s)/Specialty: Emergency 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 41 year old female with a date of injury on 12-18-2003. The injured worker is undergoing treatment for left knee strain, chronic-status posit two arthroscopies with persistent residual, chronic right knee pain, lumbar strain left greater than right-rule out internal derangement of the hips verses lumbar radiculopathy. A physician progress note dated 10-22-2015 documents the injured worker complains of low back pain radiating to her hips-left greater than right, bilateral knee pain, and she continues to have weight gain due to chronic pain and stress and gastrointestinal upset due to pain medication use and right ankle pain. He left knee has mild swelling. On palpation there is moderate tenderness of the peripatellar region, medial joint line and tenderness of the lateral joint line. Flexion is restricted. The right knee has slight tenderness of the patella, and medial and lateral joint lines. Crepitation is heard and palpated with range of motion and flexion range of motion is restricted. She has a slow gait. She is not working, she is medically retired. Included in this note is documentation, from a physician from 06-26-2015, that "she has bilateral knee chondromalacia that is mild. Conservative care is recommended." Treatment to date has included diagnostic studies, medications, physical therapy, use of a Transcutaneous Electrical Nerve Stimulation unit, use of bilateral knee braces, and ankle brace. Medications include Prilosec, Naproxen, Lidoderm patch, Voltaren Gel, Norco, Effexor, and Opana. The treatment plan includes further pain management and psychiatric care, Visco supplementation injections, and a weight loss program. She is to continue her medications, and a gastrointestinal consultation is recommended. On 10-30-2015 Utilization Review modified the request for Viscosupplementation injection to bilateral knees to bilateral knees x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation injection to 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 (ODG), Treatment Index, 13th Edition (Web), 2015, Knee & Leg Chapter, 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) Hyaluronic Acid.

Decision rationale: Guidelines recommend viscosupplementation injections as a possible option for severe osteoarthritis for patients who have not responded to conservative treatments to potentially delay total knee replacement. In this case, severe osteoarthritis of the knee was documented and failed conservative treatment to the knees. However, the quantity requested was not specified. The request for an unspecified amount of viscosupplementation injection for the bilateral knees is not medically appropriate and necessary.