

Case Number:	CM15-0030261		
Date Assigned:	02/23/2015	Date of Injury:	09/10/2010
Decision Date:	04/07/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/18/2015

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 a 64 year old female, who sustained a work related injury on 9/10/10. The diagnoses have included rule out left knee internal derangement, patellar bursitis and recurrent folliculitis bilateral thighs, MRSA. Treatments to date have included MRI left knee, wearing of a knee brace and use of a cane for ambulation. In the PR-2 dated 12/16/14, the injured worker complains of sharp, throbbing low back pain. She also complains of left knee swelling and "buckling" sensation. She has tenderness to palpation left knee. She has a positive McMurray sign. On 1/29/15, Utilization Review non-certified a request for viscosupplementation for left knee. The ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation for left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter Hyaluronic acid injections.

Decision rationale: The patient presents with pain affecting the left knee. The current request is for Viscosupplementation for left knee. The treating physician states, "She told me she can only walk 5 to 10 minutes before having to stop because of severe pain. At this point, her left knee is not only painful with swelling and stiffness, it locks, catches, gives way, and it is unstable. We will request authorization for viscosupplementation for the left knee." (43A) MRI report of the left knee from 10/28/14 state, "Tricomartmental osteoarthritic changes are seen." (49B) The ODG guidelines support Hyaluronic acid injections if the patient has met the following criteria."Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age; 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; Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome." In this case, the treating physician documents that despite conservative therapy such as physical therapy and medication, the patient continues to have left knee pain and has documented that the patient has left knee osteoarthritis. The treating physician cited the AME physician and stated the patient may need treatment with prescription medications, short courses of therapy, injection once a year, but was not a candidate for surgery. (62A) The current request is medically necessary and the recommendation is for authorization.