

Case Number:	CM15-0032311		
Date Assigned:	02/25/2015	Date of Injury:	10/04/2012
Decision Date:	04/07/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/20/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 58 year old male who sustained a work related injury on October 4, 2012, where he slipped and injured his right knee on metal steps, falling again and injuring the left knee. He was diagnosed with tricompartmental osteoarthritis with chondromalacia, complex degenerative tearing and maceration of the medial meniscus, joint effusion and a small Baker's cyst. Treatment included diagnostic imaging, rest, pain medications, steroid injections, aquatic therapy, physical therapy, exercises and crutches. He underwent right and left knee arthroscopies, due to continued pain and swelling. Currently, the injured worker complained of constant dull to sharp pain of the right knee and left knee with popping, grinding, and buckling. On March 3, 2015, a request for one prescription of Gel One Injections to the left knee and the right knee was non-certified by Utilization Review, noting Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gel one injection right knee: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gel injection knee <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, knee injection could be performed through several modalities. Injections "See more specific modality. The following are choices: Acupuncture; Anakinra (Kineret); Corticosteroid injections; Hyaluronic acid injections; Hylan; Platelet-rich plasma (PRP); Prolotherapy; & Stem cell autologous transplantation." Gel injections are not recommended for knee pain and knee osteoarthritis as per ODG guidelines. There is no documentation of severe osteoarthritis that failed more conservative therapies. Therefore, the request for Gel one injection right knee is not medically necessary.

Gel one injection left knee: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gel injection knee <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, knee injection could be performed through several modalities. Injections "See more specific modality. The following are choices: Acupuncture; Anakinra (Kineret); Corticosteroid injections; Hyaluronic acid injections; Hylan; Platelet-rich plasma (PRP); Prolotherapy; & Stem cell autologous transplantation." Gel injections are not recommended for knee pain and knee osteoarthritis as per ODG guidelines. There is no documentation of severe osteoarthritis that failed more conservative therapies. Therefore, the request for Gel one injection left knee is not medically necessary.