

Case Number:	CM15-0036174		
Date Assigned:	03/30/2015	Date of Injury:	04/17/2013
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	02/25/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old male who sustained an industrial injury on 04/17/13. Initial complaints and diagnoses are not available. Treatments to date include viscosupplementation left knee series of 3 and medications. Diagnostic studies are not discussed. Current complaints include right knee and wrist pain. In a progress note dated 01/22/15 the treating provider reports the plan of care as a right knee brace, 3 viscosupplementation right knee, and medication including hydrocodone, naproxen, pantoprazole, and cyclobenzaprine. The requested treatments are 3-viscosupplementation right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Visco supplementation times 3 to 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), Knee & Leg.

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

Decision rationale: Regarding the request for viscosupplementation injections, California MTUS does not address the issue. ODG supports Hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to non pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Guidelines go on to state that the injections are generally performed without fluoroscopic or ultrasound guidance. Within the documentation available for review, there is no documentation of failure of non-pharmacologic treatment as well as aspiration and injection of intra-articular steroids. In the absence of such documentation, the currently requested viscosupplementation injections are not medically necessary.