

Case Number:	CM15-0038660		
Date Assigned:	03/09/2015	Date of Injury:	01/03/2014
Decision Date:	04/13/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 43 year old male who sustained an industrial injury on January 3, 2014. He has reported injury to the left knee and has been diagnosed with left medial meniscal tear knee and left chronomalacia of patella. Treatment has included medications, surgery, and physical therapy. Currently the injured worker complains of pain located on both sides of the knee and inside the knee that was worsened with activities. The treatment plan included viscosupplementation and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation to the left knee- series of 3 injections: 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), 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) Knee section, Viscosupplementation.

Decision rationale: Pursuant to the Official Disability Guidelines, viscosupplementation left knee- three injections is not medically necessary. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients with not responded adequately to recommended conservative treatments (exercise, nonsteroidal anti-inflammatory drugs or Tylenol to potentially delay the replacement. The criteria for hyaluronic acid injections include, but are not limited to, patients experience significant symptomatic osteoarthritis but have not responded adequately to conservative pharmacologic and nonpharmacologic herpes; documented objective (and symptomatic) severe osteoarthritis of the knee that may include bony enlargement, bony tenderness over the age of 50; pain interferes with functional activities; failure to adequately respond to aspiration and injection of intra-articular steroids; generally performed without fluoroscopy ultrasound; are not candidates for Tony replacement or failed previous knee surgery from arthritis repeat series of injections-if documented significant improvement for six months or more it may be reasonable to perform another series. Hyaluronic acid is not recommended for other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis desiccans, patellofemoral arthritis, patellofemoral syndrome, etc. In this case, the injured worker's working diagnoses are left medial meniscal tear; and left chondromalacia patella. Subjectively, there are no subjective complaints documented in the progress note dated February 4, 2015. Objectively, there is no tenderness along the left pes anserinus, patellar tendon or retinaculum, and collateral ligaments, minimally tender over the medial and lateral joint lines and facets of the patella. Radiographs of the knee were normal with no evidence of osteoarthritis. The worker underwent arthroscopy in 2014 that did not show evidence of osteoarthritis. Hyaluronic acid injections are not indicated in chondromalacia patella. Additionally, there is no objective evidence of radiographic osteoarthritis or evidence noted during the arthroscopy. Consequently, absent clinical documentation of osteoarthritis and the presence of chondromalacia patella, viscosupplementation left knee- three injections is not medically necessary.