

Case Number:	CM15-0048699		
Date Assigned:	03/20/2015	Date of Injury:	07/24/2011
Decision Date:	05/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/16/2015

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

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 52-year-old female who sustained an industrial injury on 07/24/2011. Current diagnoses include meniscal tear-medial, chondromalacia knee, bursitis Pes Anserinus. Previous treatments included medication management, activity modifications, knee arthroscopy, therapy, and injections. Previous diagnostic studies included right knee MRI and left knee MR arthrogram dated 01/08/2015, and x-rays of the right knee. Report dated 01/14/2015 noted that the injured worker presented with complaints that included left knee pain and right knee pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included results of the right and left knee imaging was discussed, and request for left knee viscoplastic supplementation injections, and request for right knee surgery and associated surgical services. Disputed issue includes a series of 3 Viscoplastic Supplement Injections to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 Viscoelastic Supplement Injections to the 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), Treatment Index, 13th Edition (web), 2015, Knee-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 knee chapter recommends hyaluronic acid injections.

Decision rationale: This patient has a date of injury of July 24, 2011 and presents with chronic knee pain. The patient is status post left knee arthroscopic surgery in August 2014. The medical file provided for review includes one progress report dated January 14, 2015. According to this report, examination of the left knee revealed significant limitations in overall functioning, locking, and giving way. The treating physician states that the patient only received 10% relief with prior surgery. The current request is for series of three viscoelastic supplement injections to the left knee. The ACOEM and MTUS Guidelines do not discuss hyaluronic acid injections. Therefore, we turn to ODG Guidelines for further discussion. ODG under the knee chapter recommends hyaluronic acid injections "as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs, or acetaminophen); to potentially delay total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best." The Utilization review denied the request stating that there was no documentation of "significant" arthritis. In this case, the patient reports lock and giving way and MRI of the left knee dated January 8, 2015 revealed mild medial and lateral femorotibial arthrosis and mild patellofemoral arthrosis. There is no indication that the patient has tried hyaluronic injections in the past. Given the MRI finding, a trial of 3 injections is in accordance with ODG. This request IS medically necessary.