

Case Number:	CM13-0031742		
Date Assigned:	12/04/2013	Date of Injury:	11/04/2001
Decision Date:	01/10/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services.

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 patient is a 58-year-old female who reported an injury on 11/04/2001, mechanism of injury not stated. Diagnoses were not provided. The patient is noted to have undergone a partial medial meniscectomy of the right knee on an unstated date. She is noted to have undergone a repeat MRI of the right knee on 10/06/2012 and at that time was noted to be status post partial medial meniscectomy with no specific MRI findings of recurrent tear or new tear, severe chondromalacia patella and moderate chondral thinning with irregular medial and lateral to both tibiofemoral joint a small joint effusion and a 10 mm intra-articular osteochondral loose body in the posterior capsule. She is reported to complain of pain of the right knee. She reported that the pain increased with walking a lot as well as ascending and descending stairs. She reported swelling with squatting or kneeling. She reported swelling of the bilateral knees at times. X-rays of the right knee performed on 05/14/2013 noted narrowing of the medial joint line compartment of both the right and left knee with mild varus deformities. There was no evidence of fractures or small tissue calcifications. She is noted to have undergone viscosupplementation to her right knee on 03/21/2013, 07/11/2013, and 07/25/2013. On 08/27/2013, the patient reported that she was helped by those injections; however, she continued to have pain in her left knee and she requested similar injections to her left knee based on the benefits from the injection in the right knee. On physical exam of the left knee, she was noted to have 2+ patellofemoral crepitus; pain associated with manipulation of the patella, mild synovial thickening and knee was reported to be stable.

IMR ISSUES, DECISIONS AND RATIONALES

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

One series of Three (3) visco supplement injections to the left knee with ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Acute & Chronic..

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

Decision rationale: The patient is a 58-year-old female who reported an injury on 11/04/2011. She is reported to complain of bilateral knee pain, right worse than left and to have undergone x-rays of the bilateral knees which were reported to show narrowing of the medial joint compartment bilaterally with a mild varus deformity. She is noted to have undergone viscosupplementation injections of the right knee with improvement of her right knee pain but continued to have pain in the left knee. She noted her pain increased with a lot of walking as well as ascending and descending stairs and indicated at times there was pain with squatting or kneeling. She reported swelling within her knees at time. The California MTUS Guidelines do not address the request for viscosupplementation of the knees. The Official Disability Guidelines recommend viscosupplementation for patients experiencing significant symptomatic osteoarthritis who have not adequately responded to recommended conservative treatments including exercise and pharmacological treatments are intolerant to those therapies with documented symptomatic severe osteoarthritis of the knee when pain interferes with functional activities and there is failure to respond adequately to aspiration and injection of intra-articular steroids. As the patient is not noted to have treated with exercises or nonsteroidal anti-inflammatories for at least 3 months and is not reported to have failed to respond to aspiration and injection of intra-articular steroids, the requested viscosupplementation of the left knee does not meet guideline recommendations. Based on the above, the request for one (1) series of three (3) visco supplementation injections to the left knee with ultrasound guidance is non-certified.