

Case Number:	CM13-0036030		
Date Assigned:	12/13/2013	Date of Injury:	02/11/2009
Decision Date:	02/20/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/18/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57-year-old male who reported an injury on 02/11/2009. The mechanism of injury was reported that the patient twisted his knee. The patient is diagnosed with degenerative joint disease. The progress report dated 09/17/2013 states that the patient underwent a left total knee arthroplasty in 2009. The patient was out of work for 2 years and then went back to work thereafter. The patient reported after about 9 months or so, he began having severe pain in his right knee. As a result, he stopped working on 02/20/2012. The patient reported the pain is now constant in duration and characterized the pain as aching, sharp, and dull. The patient reported that the pain is worse with sitting for an extended period time, standing, and walking up hill or downhill. The patient reported that his pain medications are providing relief. The clinical documentation states the patient underwent a right knee injection in the past and obtained pain relief for 6 months. The physical examination revealed 5/5 in all muscle groups for lower extremities. The patient had tenderness over both knees. The patient also had reduced range of motion with respect to the right knee. The patient rated his pain score at 1/10. An MRI of the right knee dated 07/12/2013 showed no interval change from prior examination, prior partial medial meniscectomy with residual grade 3 signal in the posterior horn, ACL intra cruciate ganglion cyst formation, and lateral patellar facet chondromalacia. The treatment plan included an MRI of the right knee, right knee injection, physical therapy, and medication that included Percocet 5/325 one tablet orally every 8 hours as needed for pain, tizanidine 4 mg 1 tablet orally every 8 hours, and Voltaren gel 1% with instructions to apply the gel up to 4 times per day to the areas of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

series of 3 right knee injections with a hyaluronate compound: 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 Chapter.

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, Hyaluronic acid injections.

Decision rationale: The clinical documentation submitted for review does not meet the guideline recommendations. The California MTUS guidelines do not address the request. The Official Disability Guidelines recommend hyaluronic acid injections in patients that are experiencing significant symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatments or are intolerant to those therapies after 3 months. The guidelines also state there must be documented symptomatic severe osteoarthritis of the knee; pain interferes with functional activities; and failure to adequately respond to aspiration or injection of intra-articular steroids. Hyaluronic acid injections are not recommended for any other indications. The patient continued to complain of bilateral knee pain. The patient rated his pain at 1/10. However, no clinical documentation was submitted for review indicating the patient's functional deficits, efficacy of pain medication, or other conservative care the patient may have undergone. Given the lack of documentation to support guideline criteria, the requested series of knee injections is not medically necessary or appropriate at this time.