MAXIMUS Federal Services

| Case Number: | CM14-0137302 | | |
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| Date Assigned: | 09/10/2014 | Date of Injury: | 06/14/2011 |
| Decision Date: | 10/07/2014 | UR Denial Date: | 08/15/2014 |
| Priority: | Standard | Application Received: | 08/25/2014 |

## 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. The expert reviewer is Board Certified in Physical Medicine & 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 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/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:

According to the records made available for review, this is a 59-year-old male with a 6/14/11 date of injury, and arthroscopy, with partial medical meniscectomy and chondroplasty on unspecified date. At the time (7/24/14) of request for authorization for follow-up PRN for injections with [redacted] for the knee, there is documentation of subjective (bilateral knee pain with walking and activity, left worse than right; bilateral knee trouble with bending and kneeling; morning stiffness to left knee) and objective (tenderness to palpation over the medial joint line of right knee, decreased range of motion to right knee) findings, current diagnoses (Bilateral Knee Degenerative Joint Disease and Bilateral Knee Chondromalacia), and treatment to date (medications and Orthovisc injection). Medical report identifies a request for Viscosupplementation injections every 6 months depending upon patient's response to these injections. In addition, medical reports identify good relief following previous Orthovisc injections. There is no documentation of significant improvement in symptoms for 6 months or more following previous injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up PRN for injections with [redacted] for the knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations page127, and Official Disability Guidelines (ODG) Pain and Knee Chapters, Office Visits and Hyaluronic Acid Injections.

**Decision rationale:** MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In addition, specifically regarding knee injection, ODG identifies documentation of significant improvement in symptoms for 6 months or more, and symptoms recur, as criteria necessary to support the medical necessity of repeat series of hyaluronic acid injections. Within the medical information available for review, there is documentation of diagnoses of Bilateral Knee Degenerative Joint Disease and Bilateral Knee Chondromalacia. In addition, there is documentation of a request for Viscosupplementation injections every 6 months depending upon patient's response to these injections. Furthermore, there is documentation of previous injections. However, despite documentation of good relief following previous injections, there is no documentation of significant improvement in symptoms for 6 months or more following previous injection. In addition, the requested injection every 6 months depending upon patient's response to these injections exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for follow-up PRN for injections with [redacted] for the knee is not medically necessary.