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| Case Number: | CM14-0140196 | | |
| Date Assigned: | 09/08/2014 | Date of Injury: | 08/12/2012 |
| Decision Date: | 12/15/2014 | UR Denial Date: | 07/31/2014 |
| Priority: | Standard | Application Received: | 08/29/2014 |

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 Emergency Medicine 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:

The injured worker is a 55 year-old male, who sustained an injury on August 12, 2012. The mechanism of injury occurred while twisting his knee when walking on uneven ground. Diagnostics have included: January 2013 right knee arthrogram reported as showing patellae chondrolmalacia; July 2014 operative report noting grade 2-3 degeneration in the medial plateau and medial femoral condyle; May 1, 2014 right knee MRI reported as showing lateral mensiscus tear, medial meniscus tear, marked narrowing of the lateral patellofemoral compartment with high-grade overlying chondromalacia. Treatments have included: July 18, 2014 partial medial and lateral meniscectomy, physical therapy, medications, cortisone injections, bracing. The current diagnosis is s/p right knee meniscectomy. The stated purpose of the request for Series of 3 Visco-supplementation injections for the Right Knee was to return the injured worker to work faster. The request for Series of 3 Visco-supplementation injections for the Right Knee was denied on July 31, 2014, citing a lack of documentation of conservative treatment trials and the injured worker had not completed post-op rehabilitation. Per the report dated July 18, 2014, the treating physician noted complaints of persistent pain, swelling, locking and giving way. Exam findings included right knee effusion, medial and lateral joint line tenderness. Per the report dated August 4, 2014, the treating physician noted that the injured worker had extensive conservative treatment as well as operative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 Visco-supplementation Injection for the Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Knee and Leg Procedure Summary Updated 06/05/2014 Criteria for 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 & Leg, Acute & Chronic, Hyaluronic acid injections

Decision rationale: The requested Series of 3 Visco-supplementation injection for the Right Knee is not medically necessary. CA MTUS is silent and ODG, Knee & Leg, Acute & Chronic, Hyaluronic acid injections, note that it is recommended as an option for osteoarthritis, in patients who have had conservative treatment for osteoarthritis, who have had surgical arthroscopic debridement; but are not recommended for chondromalacia patellae, patellar femoral arthritis/syndrome. The treating physician has documented post-op right knee pain. July 2014 operative report noting grade 2-3 degeneration in the medial plateau and medial femoral condyle; May 1, 2014 right knee MRI reported as showing lateral meniscus tear, medial meniscus tear, marked narrowing of the lateral patellofemoral compartment with high-grade overlying chondromalacia. It appears that the primary issues are chondromalacia and patellofemoral arthritis, which are not criteria for visco-supplementation. The criteria noted above not having been met, Series of 3 Visco-supplementation injection for the Right Knee is not medically necessary.