

Case Number:	CM14-0146629		
Date Assigned:	09/12/2014	Date of Injury:	03/29/1996
Decision Date:	10/15/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/09/2014

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 Orthopedic Surgery 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:

54 year old female claimant with an industrial injury dated 09/24/97. The patient is status post left knee surgery as of 08/27/13. Exam note 06/13/14 states the patient returns with knee pain, shoulder pain, wrist pain, and low back pain that is radiating to the lower extremities. The patient rates the left knee pain a 9/10, and the right knee a 8/10. She mentions that the pain is increased with activities, and is improved with therapy and medications. The patient describes all the pain as a burning, sharp, aching sensation. The patient had a positive Lasegue's test, and there was no tenderness in the upper/lower extremities. There was tenderness over the anterior, lateral, and posterior aspect of the right and left shoulder. Both shoulders had restricted range of motion with pain. In addition, there was tenderness over the right and left wrists with pain. There was tenderness over the left knee and movements were noted as painful and restricted. The patient was diagnosed with a possible lumbar sprain/strain at L4-L5 and L5-S1, left knee internal derangement, a right knee sprain/strain, bilateral shoulder pain and impingement, and a bilateral wrist sprain/strain with possible carpal tunnel syndrome. Treatment includes a right knee and left heel injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee euflexxa injection, left heel bone calcaneus injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Knee and leg Hyaluronic acid injections and Ankle and foot 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 and Leg Chapter, Hyaluronic acid injection & Foot and Ankle, Injections (Corticosteroids)

Decision rationale: CA MTUS/ACOEM is silent regarding the request for viscosupplementation for the knee. According to the ODG Knee and leg chapter, Hyaluronic acid injection, it is indicated for patients with documented severe osteoarthritis of the knee. As there is no radiographic documentation of severe osteoarthritis 6/13/14 for this claimant, the request is not medically necessary. CA MTUS/ACOEM is silent on heel injections. According to ODG, Ankle and Foot, Injections (corticosteroid), specifically injections for heel pain is under study as there is no current evidence of effectiveness. In addition, there is no detailed exam of the foot or documented failure of conservative therapy. Therefore the request is not medically necessary.