

Case Number:	CM14-0162914		
Date Assigned:	10/08/2014	Date of Injury:	06/10/2013
Decision Date:	11/07/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/03/2014

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:

This is a 43-year-old female who sustained an injury on 06/10/13 and the records provided for review document that she has continued complaints of pain in the right knee. The progress report dated 08/28/14 described severe pain with review of an MRI dated 06/24/14 showing an increased signal change of the medial meniscus, moderate to severe chondromalacia of the patella, and mild chondromalacia of the medial compartment. Physical examination showed medial joint line tenderness with +1 effusion and crepitation. The claimant was diagnosed with severe chondromalacia of the patella. The recommendation was a trial of viscosupplementation injections. Previous conservative treatment has included surgical arthroscopy, postoperative physical therapy, medication management, and activity restrictions but there was no documentation of prior corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 Viscosupplementation Injections to 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 (ODG), Knee and Leg chapter: 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 procedure, Hyaluronic acid injections

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for a series of three viscosupplementation injections for the right knee would not be indicated. The medical records provided for review do not identify that the claimant has been treated with a corticosteroid injection. Official Disability Guidelines clearly recommend that all forms of conservative treatment should be utilized prior to proceeding with viscosupplementation injections including a corticosteroid injection. The Official Disability Guidelines also state that there is insufficient evidence to support the use of viscosupplementation in the setting of patellofemoral degenerative change. Given this individual's current diagnosis and lack of documentation of prior corticosteroid injection therapy, the request for viscosupplementation cannot be recommended as medically necessary.