

Case Number:	CM14-0163973		
Date Assigned:	10/08/2014	Date of Injury:	05/10/2012
Decision Date:	11/13/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/06/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 10, 2012. Thus far, the applicant has been treated with analgesic medications; opioid therapy; unspecified amounts of chiropractic manipulative therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 23, 2014, the claims administrator approved requests for Motrin and Percocet while denying a request for viscosupplementation injections. The claims administrator stated that it was basing its decision on a September 16, 2014 RFA form and associated progress note. This particular RFA form and/or associated progress note did not appear to have been incorporated into the Independent Medical Review packet, however. The applicant's attorney subsequently appealed. In a February 13, 2014 progress note, the applicant reported persistent complaints of knee pain with associated swelling, popping, and clicking. The applicant was 63 years old, it was noted. The applicant had apparently had earlier knee arthroscopy in 2007. 5-8/10 knee pain was noted. The applicant was given a diagnosis of osteoarthritis of the knee. A viscosupplementation injection and Norco were endorsed. On March 11, 2014, it was stated that the applicant had received a second of three viscosupplementation injections. In a medical-legal evaluation dated April 24, 2014, the medical-legal evaluator stated that the applicant should be construed totally temporary disabled between his last date of work, March 14, 2014, and present. On June 8, 2014, the applicant was given refills of Motrin and Percocet. It was stated that the applicant was off of work. It was acknowledged that the applicant had received earlier viscosupplementation injection therapy in March 2014. The applicant was still having difficulty performing activities such as kneeling, squatting, and driving.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee Supartz injection 1 week apart (Set of 3): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/knee.htm#Hyaluronicacidinjections>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ACOEM V.3, Knee, Specific Diagnoses, Knee Pain and Osteoarthritis, Injections, Viscosupplementation Injections

Decision rationale: The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Knee Chapter does acknowledge that intraarticular knee viscosupplementation injections are recommended for the treatment of moderate-to-severe knee osteoarthritis, ACOEM notes that indications for discontinuation include adverse effects. In this case, the attending provider has not outlined any material benefits achieved through the prior viscosupplementation injections performed in March 2014. The applicant remains off of work, on total temporary disability. The applicant remains dependent on opioid agents such as Percocet. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier viscosupplementation injection therapy. While it is acknowledged that the September 16, 2014 RFA form and associated progress note on which the article in question was sought was not incorporated into the IMR packet, the information which is on file, however, failed to support or substantiate the request. Therefore, the request for an additional set of viscosupplementation injections is not medically necessary.