

Case Number:	CM14-0183705		
Date Assigned:	11/10/2014	Date of Injury:	07/11/2013
Decision Date:	12/17/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/04/2014

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:

This is a 66 year old female with a 7/11/13 injury date. In a 10/7/14 note, the patient complained of right knee popping. On exam, there was right knee range of motion from -5 degrees to 80 degrees and left knee range of motion from -5 degrees to 100 degrees. There was tenderness to palpation over the medial and lateral joint lines of both knees. In an 8/12/14 report, standing knee x-rays showed narrowing of the left lateral joint line and right medial joint line. A 4/1/03 MRI of the bilateral knees showed moderate wear of all three compartments of the left knee with an effusion, and similar but worse findings in the right knee. The provider noted that the patient previously had relief when viscosupplemental injections were tried several years ago. In a 6/3/14 note, the patient underwent several viscosupplemental injections about 3 to 4 years ago, which provided relief, and she was told she would eventually need knee replacement surgery. Diagnostic impression: patellofemoral crepitus, chondromalacia, bilateral knee osteoarthritis. Treatment to date: medication, brace, cane, physical therapy, cortisone injections, viscosupplemental injections, arthroscopic knee surgery. A UR decision on 10/9/14 denied the request for 1 series of 3 viscosupplement injections because they are not recommended for chondromalacia and patellofemoral conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Series of 3 Viscosupplement Injections: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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 injections

Decision rationale: CA MTUS does not address this issue. ODG recommends viscosupplementation injections in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; OR is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; OR a younger patient wanting to delay total knee replacement; AND failure of conservative treatment; AND plain x-ray or arthroscopy findings diagnostic of osteoarthritis. In this case, the patient appears to meet the criteria for hyaluronic acid injections. The patient has radiographic and MRI evidence of bilateral knee osteoarthritis, is at an age where delaying knee replacement would be desirable, and has failed previous arthroscopic knee surgeries that were directed towards the treatment of arthritis. She has attempted other types of conservative treatment including physical therapy and cortisone injections. In addition, her previous injections were done at least 3-4 years ago, so the approved series of injections would be considered new as opposed to repeat injections. It should be noted that guideline criteria for approval of future injections includes documentation of 6-9 months of relief followed by recurrence of symptoms. Therefore, the request for 1 Series of 3 Viscosupplement Injections are medically necessary.