

Case Number:	CM14-0184504		
Date Assigned:	11/12/2014	Date of Injury:	07/07/2014
Decision Date:	12/19/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/05/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 75 year old with an injury date on 7/7/14. Patient complains of unchanged, constant left knee pain rated 3/10 at rest, and increasing to 6-7/10 after certain twisting/turning movements and walking per 10/8/14 report. Patient occasionally notices catching/locking of knee, but no change in popping in the knee per 10/8/14 report. Another orthopedist recommended total knee replacement if the patient failed a course of physical therapy. Based on the 10/8/14 progress report provided by the treating physician, the diagnoses are: 1. left knee joint pain 2. Osteoarthritis of the left knee 3. Chondral defect 4. Cause of injury, accidental fall Exam on 10/8/14 showed "range of motion left knee limited at 0-110 degrees." Patient's treatment history includes medication (Tramadol, Motrin currently), failed cortisone injection (1 week relief), 6 sessions of physical therapy (helped temporarily), modified duty. The treating physician is requesting 3 Visco injections for the left knee. The utilization review determination being challenged is dated 10/30/14 and denies request as patient is being scheduled for surgery, and additional conservative care is not recommended at this stage. The requesting physician provided treatment reports from 7/7/14 to 10/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 Visco injections for the left knee.: 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 Chapter on hyaluronic acid injections

Decision rationale: This patient presents with left knee pain. The treater has asked for 3 Visco injections for the left knee on 10/8/14. Review of the reports do not show any evidence of prior hyaluronic injections being done. Left knee MRI on 7/29/14 showed severe degenerative changes of the medial femorotibial compartment with large dominant osteochondral lesion or residue (5x20mm) in the paracentral edge of medial femoral condyle. No X-rays were found in reports. Regarding hyaluronic acid injections, ODG recommends as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement. In this case, the patient presents with severe osteoarthritis of the left knee, with a 5x20mm osteochondral lesion in the medial femoral condyle confirmed by MRI. The requested 3 Visco injections for the left knee are medically necessary and reasonable for patient's advanced arthritis.