

Case Number:	CM15-0007584		
Date Assigned:	01/26/2015	Date of Injury:	06/19/2012
Decision Date:	03/16/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 38 year old female patient who sustained an injury on 06/19/12. Diagnoses include chondromalacia patellae, synovitis knee, and plantar fasciitis. She developed right knee symptoms due to repetitive entering and exiting a vehicle. Per the physician notes dated 10/13/14, She had complains for right foot pain and tenderness. The physical examination of the right knee and leg revealed normal gait, mild tenderness over the posterior patella and mild effusion, range of motion- 0 to 125 degrees; right ankle/foot- tenderness over the plantar calcaneus. Per the notes from 11/25/14, her medications include ibuprofen and Zyrtec. She has had right knee MRI on 7/16/2012 which revealed chondromalacia patella. She has had right knee arthroscopy on 2/1/2013. She has had physical therapy visits. She has had cortisone injection and 3 viscosupplementation injections without relief. On 01/08/15, the Claims Administrator non-certified the Visco-Euflexxa injections, citing ODG guidelines. The non-certified treatment was subsequently appended for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Visco-Euflexxa injections, 1 time a week for 3 weeks to the right knee; quantity 3: 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 Chapter: Knee & Leg (updated 02/27/15) Hyaluronic acid injections

Decision rationale: Request: Visco-Euflexxa injections, 1 time a week for 3 weeks to the right knee; quantity 3. ACOEM and CA MTUS do not address this request. Per the ODG Guidelines "Criteria for Hyaluronic acid injections:" Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months;" Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age." Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease;" Failure to adequately respond to aspiration and injection of intra-articular steroids.." Evidence of significantly symptomatic osteoarthritis is not specified in the records provided. Diagnostic reports of the right knee demonstrating severe osteoarthritis is not specified in the records provided. Response to previous conservative/non operative therapy for the right knee is not specified in the records provided. Any intolerance or lack of response to standard oral pharmacologic treatment (NSAIDS) is not specified in the records provided. In addition, She has had 3 viscosupplementation injections in the past without relief. The medical necessity of Visco-Euflexxa injections, 1 time a week for 3 weeks to the right knee; quantity 3 is not established in this patient at this time.