

Case Number:	CM15-0171336		
Date Assigned:	09/14/2015	Date of Injury:	07/16/2015
Decision Date:	10/13/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/31/2015

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: North Carolina

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:

The injured worker is a 62-year-old male, with a reported date of injury of 07-16-2015. The diagnoses include right knee pain, right knee osteoarthritis, and right knee sprain. Treatments and evaluation to date have included physical therapy, a right knee cortisone injection on 07-28-2015, and Mobic. The diagnostic studies to date have included an MRI of the right knee on 07-22-2015 which showed tricompartmental osteoarthritis, severe degeneration and maceration of the menisci, medial worse than lateral, chronic complete anterior cruciate ligament tear, posterior cruciate ligament degeneration and impingement, degeneration scarring of the collateral ligaments, very large joint effusion, and periarticular subcutaneous swelling and swelling in the popliteus muscle. The comprehensive orthopedic consultation report dated 07-28-2015 indicates that the injured worker had marked pain with swelling in the right knee. The physical examination of the right knee showed extension at 0 degrees; flexion at 135 degrees; moderate effusion; and range of motion +5 to 100 degrees. The orthopedic re-check visit report dated 08-11-2015 indicates that the injured worker was seen for evaluation of his right knee. He walked with a crutch and had severe pain. The physical examination showed range of motion at +5 to 110 degrees and an antalgic gait. The treating physician noted that the injured worker had "moderate significant osteoarthritis of his knee." The documentation did not include the results of the viscosupplementation injection given on 07-28-2015. The treatment plan included viscosupplementation injections in the knee since the injured worker was unable to return to work, due to the severity of the knee pain. The request for authorization was dated 08-11-2015. The treating physician requested right knee viscosupplementation injections once a week for five weeks. On 08-21-2015 a Utilization Review non-certified the request for right knee viscosupplementation injections once a week for five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee viscosupplementation injections once a week for 5 weeks: 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 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) hyaluronic acid injections.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG does recommend hyaluronic acid injections for patients with osteoarthritis and failed conservative therapy. The patient does meet this criteria but the request is for 5 injections which exceeds the ODG recommendation without documented objective improvements in pain and function. Therefore the request is not certified and therefore is not medically necessary.