

Case Number:	CM15-0174504		
Date Assigned:	09/16/2015	Date of Injury:	11/26/2008
Decision Date:	10/21/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/04/2015

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 64 year old female patient, who sustained an industrial injury on 11-26-2008. She sustained the injury while pushing carts with plates and glasses. The diagnoses include degenerative joint disease of the left knee; status post left knee medial meniscectomy and synovectomy (5-1-2009). According to the progress report dated 8-7-2015, she had complains of left knee pain. The physical examination of the left knee revealed mild crepitus, normal gait, non-tender, and 110 degrees with flexion and 0 degrees extension. She was no longer taking norco. The current medications list includes benazepril, hydroxyzine, alprazolam and estradiol. She has undergone left knee arthroscopic surgeries on 5/1/2009 and 11/13/2009. She has had MRI of the left knee dated 11-20-2014 which showed post-surgical changes of the medial meniscus with findings compatible with superimposed degenerative tearing or fraying of the body-posterior horn junction, moderate mucoid degeneration or ganglion transformation of the anterior cruciate ligament, and degenerative joint disease with areas of advanced cartilage loss in the medial compartment. She has had corticosteroid injections (minimal relief) and viscosupplementation injections. Per notes, she has completed 4 out of 4 viscosupplementation injections in February 2015. Work status is described as permanent and stationary. The original utilization review (8-17-2015) had non-certified a request for left knee viscosupplementation and follow-up visit with an orthopedic specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee viscosupplementation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Knee & Leg Chapter (Acute & Chronic) - Hyaluronic acid injections, Pain Chapter (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg(updated 07/10/15), Hyaluronic acid injections.

Decision rationale: Left knee viscosupplementation. 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 non-pharmacologic (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. Diagnostic reports of the left knee demonstrating severe osteoarthritis is not specified in the records provided. Response to previous conservative therapy including physical therapy and pharmacotherapy was not specified in the records provided. Intolerance or lack of response to standard oral pharmacologic treatment (NSAIDs) is not specified in the records provided. The medical necessity of Left knee viscosupplementation is not established in this patient at this time. The request is not medically necessary.

1 follow-up visit with an orthopedic specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Follow-up Visits. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 07/10/15), Office visits.

Decision rationale: 1 follow-up visit with an orthopedic specialist. Per the cited guidelines "Physician follow-up can occur when a release to modified, increased, or full-duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and seven to fourteen days if the patient is working." In addition, per the ODG "The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what

medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Per the records provided patient had chronic left knee pain. Follow up with orthopedic is requested for left knee viscosupplementation. As the medical necessity of viscosupplementation is not fully established, the medical necessity of follow up with orthopedic is also not fully established. In addition, response to previous conservative therapy including physical therapy and pharmacotherapy was not specified in the records provided. The medical necessity of 1 follow-up visit with an orthopedic specialist is not fully established for this patient. The request is not medically necessary.