

Case Number:	CM15-0177211		
Date Assigned:	09/17/2015	Date of Injury:	12/31/1991
Decision Date:	10/20/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 76 year old female injured worker suffered an industrial injury on 12-31-1991. The diagnoses included right knee arthritis. On 8-4-2015 the treating provider reported complete return of the arthralgia with weight bearing in July 2015 previously 80% to 90% improved following a series of 3 right knee joint injections with Orthovisc in July 2014. The injured worker noted 8 to 9 out of 10 burning neuropathic pain and allodynia of the bilateral upper extremities and right lower extremity and right knee arthralgia. He reported 10% decreased in walking tolerance from 1 third block to 1 quarter block, decreased in standing tolerance from 10 minutes to 8 minutes and driving tolerance from 25 minutes to 20 minutes. On exam there was moderate deep hyperalgesia of the right knee. The provider reported, the right knee arthrogram was required to confirm intra-articular due to risk of inflammatory extra-articular reaction with marked right knee joint space narrowing and scant right knee joint fluid.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI arthrogram: 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 & Leg (Acute & Chronic) MRI arthrography (updated 07/10/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Knee & Leg (Acute & Chronic), arthrography (2) Knee & Leg (Acute & Chronic): Hyaluronic acid injections.

Decision rationale: The claimant has a remote history of a work injury occurring in December 1991 and continues to be treated for chronic pain including bilateral upper extremity and right lower extremity CRPS and right knee osteoarthritis. When seen, there had been a complete return of right knee pain with weight-bearing and prior improvement after a series of viscosupplementation injections in July 2014. Physical examination findings included right lower extremity allodynia with hyperalgesia and temperature difference. There was decreased lower extremity strength bilaterally. Authorization was requested for a repeat series of viscosupplementation injections. A prior right knee arthrogram was requested to confirm intra-articular placement of the injection due to marked right knee joint space narrowing with decreased joint fluid. An arthrogram of the knee is recommended as a postoperative option to help diagnose a suspected residual or recurrent meniscal tear. In this case, it is being requested for the evaluation of the claimant's knee joint prior to a planned viscosupplementation injection. This is not an appropriate use of this test. If proper placement of the injection is a concern, use of fluoroscopy or ultrasound guidance could be considered. An arthrogram is not medically necessary.