

Case Number:	CM15-0073651		
Date Assigned:	04/23/2015	Date of Injury:	04/22/2011
Decision Date:	05/21/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/17/2015

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: Maryland

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

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 52-year-old female who sustained an industrial injury on April 22, 2011. She reported pain in her abdomen and ribs, headache, pain in upper and low back and weakness in the knees. Prior treatment includes medications, assistive devices, heat/ice therapy, home exercise program and TENS unit. Currently the injured worker complains of bilateral knee pain and reports that her condition is unchanged from her previous examination. She reports that cold weather causes increased pain. Diagnoses associated with the request knee chondromalacia patella, knee arthralgia, knee medial meniscus tear and knee lateral meniscus tear. The treatment plan includes home heat/ice therapy, home exercise program, medications, home TENS unit, and topical ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation Injections to the Bilateral Knees x3 (6 total): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (20th annual edition) & ODG Treatment in Workers' Comp (13th annual edition) 2015 Knee and Leg chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg - Hyaluronic acid injections.

Decision rationale: Viscosupplementation Injections to the Bilateral Knees x3 (6 total) is not medically necessary per the ODG Guidelines. The MTUS does not address this issue. The ODG states that viscosupplementation is recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. The documentation does not reveal evidence of severe osteoarthritis therefore this request is not medically necessary.