

Case Number:	CM15-0091938		
Date Assigned:	05/18/2015	Date of Injury:	05/23/2001
Decision Date:	06/22/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/12/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 61-year-old female, with a reported date of injury of 05/23/2001. The diagnoses include left knee degenerative arthritis, left knee osteoarthropathy, possible left lateral meniscus tear/patella tendon tear, and left chondromalacia patella. Treatments to date have included hydrocodone, naproxen, and viscosupplementation injections. The medical report dated 03/25/2015 indicates that the injured worker complained of left knee pain, rated 7 out of 10. There was increased pain with walking that was rated 9 out of 10. She stated that there was improvement with viscosupplementation, which helped improve tolerance to standing and walking with a significant decrease in pain. The injured worker also complained of right knee pain, rated 6 out of 10; right wrist pain, rated 5 out of 10; and right shoulder pain, rated 5 out of 10. The objective findings include tenderness of the left knee at the medial and lateral joint line, decreased range of motion of the left knee with pain, and crepitus with range of motion of the left knee. The treating physician requested three (3) viscosupplementation injections (series of three). The request is for an updated series for the left knee area. The previous series in 09/2014 gave 70% decrease in pain for up to six months, a significant increase in tolerance to standing and walking, and improved range of motion of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Viscosupplementation injections-series of 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 & Leg (Acute & Chronic), 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) Knee Chapter/Hyaluronic Acid Injections Section.

Decision rationale: The MTUS Guidelines do not address the use of viscosupplementation or other hyaluronic acid injections. The ODG recommends hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments or to potentially delay total knee replacement. The use of hyaluronic acid injections is not recommended for other knee conditions, and the evidence that hyaluronic acid injections are beneficial for osteoarthritis is inconsistent. Repeat injection may be reasonable if documented significant improvement in symptoms for 6 months or more, and symptoms recur. The injured worker has had viscosupplementation in the past without a pain free period of 6 months or more, therefore, the request for 3 Viscosupplementation injections-series of 3 is determined to not be medically necessary.