

Case Number:	CM15-0092366		
Date Assigned:	05/18/2015	Date of Injury:	12/10/2013
Decision Date:	06/18/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/13/2015

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: Arizona, 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:

The injured worker is a 34 year old male, who sustained an industrial injury on December 10, 2013. He reported slipping and hyperextending the knee and twisting it. The injured worker was diagnosed as having chondromalacia patella and status post left chondroplasty. Treatment to date has included physical therapy, left knee chondroplasty October 22, 2014, MRI, bracing, x-rays, and medication. Currently, the injured worker complains of intractable knee pain. The Orthopedic Consultation Report dated April 2, 2015, noted the injured worker's condition was not showing improvement, with the impact of his symptoms was affecting his activities of daily living (ADLs). The injured worker's current medications were listed as Ibuprofen and Norco. Physical examination was noted to show the injured worker with a mild antalgic gait, with left knee medial joint line and peripatellar tenderness noted. The patellofemoral compression test, Clarke's sign were noted to be positive, with a borderline Apley's compression test. The injured worker was provided with a patellar tendon strap brace, noted to have not reached the point of maximum medical improvement. The treatment plan was noted to include initiation of Anaprox-DS Sodium and Ultracet, with Tramadol dispensed, Naproxen provided, a lower extremity CHO PAD provided, and a request for authorization for viscoelastic supplementation for intractable knee pain unresponsive to other conservative measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation injection to left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (updated 02/27/15) - online version Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- knee chapter and pg 34.

Decision rationale: According to the 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 according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method);(9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³); In this case, the claimant has recent surgery with x-rays showing no effusion or arthritic changes. The claimant was diagnosed with chondromalacia- not arthritis. The claimant does not meet the guidelines above and the request for viscosupplementation is not medically necessary.