

Case Number:	CM15-0095546		
Date Assigned:	05/22/2015	Date of Injury:	07/15/2010
Decision Date:	06/24/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/18/2015

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:

The injured worker is a 55-year-old female who reported an industrial injury on 7/15/2010. Her diagnoses, and/or impressions, are noted to include: lumbar compression fracture with deformity and thoracolumbar kyphosis; right knee medial/lateral meniscus tears, status-post right knee arthroscopic partial meniscectomies; right knee pain; left knee medial meniscus tear and pain; patella-femoral chondromalacia; and rule-out osteoporosis. No current imaging studies were noted. Her treatments have included surgery; a functional restoration program (4/2012); physical therapy; and medication management. The encounter notes of 1/22/2015 reported that she felt fine after the previous physical therapy session, though sore and tired; and that that day's session focused on functional activities and proper body mechanics. The objective findings were noted to include notation of improper body mechanics, and the performance of simulation of washing dishes and sweeping with home chores. The physician's requests for treatments were noted to include viscosupplementation injections for the bilateral knees. The patient sustained the injury due to slip and fall incident. The patient's surgical history includes right knee arthroscopy. The medication list includes ibuprofen and Miralax. A recent detailed physical examination of the bilateral knee was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation injections for Bilateral Knees: 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 chapter - 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 & Leg (updated 05/05/15) Hyaluronic acid injections.

Decision rationale: California Medical Treatment Utilization Schedule (CA MTUS) Chronic Pain guidelines and American College of Occupational and Environmental Medicine(ACOEM), Occupational Medicine Practice Guidelines, 2nd Edition, does not address this request. Therefore, ODG guidelines are used. Per the ODG Guidelines, Hyaluronic acid or Hylan injection (Synvisc injection) are recommended in patients who, "Experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications); Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement; Younger patients wanting to delay total knee replacement." A recent detailed clinical evaluation note of treating physician was not specified in the records. A recent detailed physical examination of the bilateral knees was not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records provided did not specify response to standard non-pharmacologic and pharmacologic treatments. Any evidence of intolerance to standard non-pharmacologic and pharmacologic treatments (e.g., gastrointestinal problems related to anti-inflammatory medications) was not specified in the records provided. The request for Viscosupplementation injections for Bilateral Knees is not medically necessary or fully established in this patient.