

Case Number:	CM15-0096007		
Date Assigned:	05/22/2015	Date of Injury:	03/07/2014
Decision Date:	06/24/2015	UR Denial Date:	05/01/2015
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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 53-year-old male with an industrial injury dated 3/07/2014. The injured worker's diagnoses include bilateral upper extremity overuse, bilateral shoulder pain and bilateral knee pain. Treatment consisted of diagnostic studies, prescribed medications, transcutaneous electrical nerve stimulation (TENS) and periodic follow up visits. In a progress note dated 3/20/2015, the injured worker reported bilateral wrist/hand pain, bilateral shoulder pain, right elbow pain and bilateral knee pain. Objective findings revealed positive bilateral Tinel's/Phalen's sign, diminished bilateral sensation of median nerve distribution, tenderness of bilateral shoulders, limited range of motion, tenderness of bilateral knees with crepitus, and spasm of the forearm musculature decrease. The treating physician prescribed services for viscosupplementation series of 3 to the bilateral knees now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation series of 3 to the 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 (ODG), Knee & Leg, 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 section, Hyaluronic acid.

Decision rationale: Pursuant to the Official Disability Guidelines, viscosupplementation series #3 to the bilateral knees is not medically necessary. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients with not responded adequately to recommended conservative treatments (exercise, nonsteroidal anti-inflammatory drugs or Tylenol to potentially delay the replacement. The criteria for hyaluronic acid injections include, but are not limited to, patients experience significant symptomatic osteoarthritis but have not responded adequately to conservative pharmacologic and nonpharmacologic treatment; documented objective (and symptomatic) severe osteoarthritis of the knee that may include bony enlargement, bony tenderness over the age of 50; pain interferes with functional activities; failure to adequately respond to aspiration and injection of intra-articular steroids; generally performed without fluoroscopy ultrasound; are not candidates for total knee replacement or failed previous knee surgery from arthritis repeat series of injections-if documented significant improvement for six months or more it may be reasonable to perform another series. Hyaluronic acid is not recommended for other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis desiccans, patellofemoral arthritis, patellofemoral syndrome, etc. In this case, the injured worker's working diagnoses are bilateral knee pain; bilateral shoulder pain; bilateral upper extremity overuse; and rule out median neuropathy right and left. There is no documentation indicating severe subjective osteoarthritis of the knees. Other than crepitus, there are no objective clinical findings of severe osteoarthritis including bony enlargement, bony tenderness. There is no documentation of prior aspiration and injection of intra-articular steroids. Additionally, there is no radiographic documentation of severe osteoarthritis. Consequently, absent severe subjective and objective clinical findings with radiographic evidence of severe osteoarthritis, viscosupplementation series #3 to the bilateral knees is not medically necessary.