

Case Number:	CM14-0142896		
Date Assigned:	09/10/2014	Date of Injury:	05/14/2012
Decision Date:	10/23/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54 years old male with an injury date on 05/14/2012. Based on the 07/01/2014 progress report provided by [REDACTED], the diagnoses are: 1. Primary localized osteoarthritis, lower leg 2. Unspecified internal derangement of knee According to this report, the patient complains of left knee pain with swelling. Range of motion is 0-115 degree. Pain is noted at the patellofemoral joint with grinding and popping. The treater mentions that "the patient has failed cortisone injections, activity restriction, NSAIDs. Radiographs reveal mild osteoarthritis." X-ray report were not including in the file for review. MR of the left knee on 06/05/2014 reveals moderate to severe diffuse cartilage thinning and fissuring, 1mm punctuate likely developing radial tear in the posterior horn of the medial meniscus and free edge blunting of the body of the lateral meniscus. The 03/17/2014 report by [REDACTED] indicates that the patient has "left knee patellofemoral arthrosis, symptomatic." There were no other significant findings noted on this report. The utilization review denied the request on 08/05/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 11/07/2013 to 07/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Visco injection x 5 to the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee 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 chapter: Hyaluronic acid (Synvisc) knee injection.

Decision rationale: According to the 07/01/2014 report by [REDACTED] this patient presents with left knee pain with swelling. The treater is requesting Viscosupplemenation injection 5 times to the left knee. Regarding Visco injection ODG guidelines state that it is recommended for "severe arthritis," but not for other conditions such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, patellofemoral arthritis, or patellofemoral syndrome (patellar knee pain). In this case, the patient presents with left knee patellofermoral arthrosis for which these injections are not indicated. Furthermore, there is lack of evidence for "severe osteoarthritis" with X-rays describing only a mild arthritis. Therefore, the requested Visco injection series of 5 is not in accordance with ODG guidelines. Recommendation is for denial.