

Case Number:	CM13-0003479		
Date Assigned:	07/02/2014	Date of Injury:	10/17/1988
Decision Date:	08/21/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/25/2013

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, and is licensed to practice in Maryland. 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 64 year old male with a work injury dated 10/17/88. The diagnoses includes right knee osteoarthritis. Under consideration is a request for outpatient right knee orthotics injections with one (1) injection per week for three weeks. There is a 5/16/14 document that states that the patient has right knee pain from osteoarthritis. The patient has had a series of hyaluronic acid injections in that helped him in the past. He described a great deal of symptomatic relief and had increased function after the last set of injections. This last provided a very good amount of relief for 4 months with continued relief for another 4 months. On exam he is ambulatory with a mildly antalgic gait pattern -on his knee. He had palpable crepitus with active range of motion. He has diffuse joint line tenderness to palpation. There is a stable ligamentous exam with valgus and varus stress. An x-ray of the right knee was obtained which revealed degenerative changes with joint space narrowing, subcortical sclerosis, cyst formation and spurs growing particularly around the lateral compartment. The patient has responded well with at least 6 months of pain relief and increased function in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT RIGHT KNEE ORTHOVISC INJECTIONS WITH ONE (1) INJECTION PER WEEK FOR THREE WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg-Orthovisc (hyaluronan and Knee and Leg chapter, Hyaluronic acid injections.

Decision rationale: The MTUS does not specifically address Orthovisc injections. The ODG states that the patient must 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 in order to fulfill the criteria for hyaluronic injections. The documentation does not reveal complete criteria of documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. There are no actual imaging studies of the knee submitted in the documentation. The current request is not supported per the Official Disability Guidelines and therefore the request for outpatient right knee orthotics injections with one (1) injection per week for three weeks is not medically necessary.