

Case Number:	CM13-0026195		
Date Assigned:	11/22/2013	Date of Injury:	09/17/1996
Decision Date:	01/28/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 physician 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 67-year-old male who reported a work-related injury on 09/17/1996, as a result of a pedestrian versus motor vehicle accident. Subsequently, the patient presents for treatment of the following diagnoses, low back pain, degenerative lumbar disc disease, sciatica, spinal stenosis, cervicalgia, cervical facet joint syndrome, disc bulge, degenerative disc disease, spinal stenosis, and numbness. The clinical note dated 12/03/2012 documents the patient was seen under the care of [REDACTED]. The provider documents the patient presents for treatment of bilateral knee arthritis. The provider documents the patient was administered bilateral Orthovisc injections; these were the third in a series. A clinical note dated 08/20/2013 requested Orthovisc injections #6 to the bilateral knees for the patient's bilateral knee arthritis. The clinical note dated 10/31/2013 reports the patient was seen in clinic again for evaluation under the care of [REDACTED]. The provider documents the patient returns with continued complaints of bilateral knee pain and swelling. The provider documented the patient was recommended to undergo surgical interventions to the bilateral knees for meniscus tears and chondromalacia over a year ago. The patient was treated with Orthovisc injections, which the provider documented the patient did well up until July at which time the patient had recurrent pain and swelling. The provider documents in July the left knee was aspirated and cortisone injection was administered. The provider documents the patient now presents with bilateral knee pain and swelling. Upon physical exam of the bilateral knees, there is moderate effusion, both knees show medial and lateral joint line tenderness, which increases with McMurray's testing. The provider reported the patient presents with meniscus tears to the bilateral knees as well as chondromalacia. The provider documented the bilateral knees were aspirated and cortisone injections were administered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisic injections 3 in each knee, bilateral knees: Upheld

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

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 chapter

Decision rationale: The current request is not supported. The clinical documentation submitted for review evidences the patient continues to present with significant bilateral knee pain complaints status post a work-related injury sustained in 1996. The clinical notes documented the patient underwent a third injection of 3 series to the bilateral knees of hyaluronic in 12/2012. Follow-up clinical documentation evidences the patient reports positive efficacy up until July with reoccurrence of swelling and pain about the bilateral knees. California MTUS/ACOEM does not specifically address the current request. However, Official Disability Guidelines indicate repeat series of injection is supported if documented significant improvement of symptoms for 6 months or more and symptoms reoccur it may be reasonable to do another series. While it is noted that the patient reports positive efficacy, quantifiable objective evidence of the patient's increase in functionality and decrease in rate of pain were not noted in the clinical documents. Furthermore, requesting provider [REDACTED] document the patient is a surgical candidate for the bilateral knees. Given the lack of documentation of quantifiable efficacy as evidenced by a decrease in rate of pain, increase in objective functionality, and decrease in medication use, the request for Orthovisic injections 3 in each knee, bilateral knees is not medically necessary or appropriate.