

Case Number:	CM13-0028005		
Date Assigned:	11/22/2013	Date of Injury:	06/07/2010
Decision Date:	01/24/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/23/2013

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 and Rehabilitation 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 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:

This patient is a 59-year-old female who reported an injury on 06/07/2010. The notes indicated the patient to have a prior surgical history of a left knee total arthroplasty on 09/10/2012. The current request for consideration is for Orthovisc injections to the right knee. The notes indicate that this patient has complaints of right knee pain to the anterior aspect of the knee since the patient has been compensating with the right knee. The patient indicated that her pain symptoms were aggravated with stair use and prolonged sitting. Examination findings regarding the right knee included mild tenderness and limited range of motion from 5 to 125 degrees with the patient having been diagnosed with knee pain and osteoarthritis of the knee as well as patellofemoral osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Orthovisc injections, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg, Hyaluronic 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 and Leg, Injections.

Decision rationale: CA MTUS/ACOEM Guidelines do not specifically address Orthovisc injections. The Official Disability Guidelines state that hyaluronic acid injections may be recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments, including exercise, NSAIDs or acetaminophen, to potentially delay total knee replacement; but in recent quality studies, the magnitude of improvement appears modest at best. The documentation submitted for review indicates that the patient has a significant left knee history inclusive of a left knee total arthroplasty performed on 09/10/2012. The notes indicate that the patient's left knee was doing much better; however, the patient's right knee was causing problems as the patient had been compensating with the right knee. The notes indicate that the patient had been performing outpatient physical therapy regarding the left knee; however, there was no indication of having undergone physical therapy for the right knee, of utilizing nonsteroidal anti-inflammatory medications or of undergoing prior cortisone injections to the right knee. Given the above, the request for ultrasound-guided Orthovisc injections for the right knee is not medically necessary or appropriate.