

Case Number:	CM13-0043495		
Date Assigned:	12/27/2013	Date of Injury:	09/01/1987
Decision Date:	04/18/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/23/2013

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 & 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 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:

According to the records made available for review, this is a 55-year-old male with a 9/1/87 date of injury and bilateral knee surgeries (dates unknown). At the time (9/10/13) of request for authorization for Orthovisc injections knee x3, there is documentation of subjective (bilateral knee pain and difficulty walking, standing, and prolonged sitting) and objective (bilateral crepitus) findings, imaging findings (x-rays of right knee (9/10/13) report revealed medial joint space bone on bone, x-rays of left knee (9/10/13) report revealed patellofemoral joint space narrowing and osteophytes), current diagnoses (osteoarthritis of bilateral knees), and treatment to date (ACL repair bilaterally, physical therapy (cervical and lumbar spine), and medications). There is no documentation of failure of additional conservative treatment (such as physical therapy, weight loss, and intra-articular steroid injection).

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOVISC INJECTIONS KNEE X3: 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 and Leg.

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

Decision rationale: The Expert Reviewer's decision rationale: MTUS does not address this issue. ODG identifies documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; failure of conservative treatment (such as physical therapy, weight loss, non-steroidal anti-inflammatory medication, and intra-articular steroid injection); and plain x-ray or arthroscopy findings diagnostic of osteoarthritis, as criteria necessary to support the medical necessity of Hyalgan Injections. In addition, the guidelines identify that Hyaluronic injections are generally performed without fluoroscopic or ultrasound guidance. Within the medical information available for review, there is documentation of diagnoses of osteoarthritis of bilateral knees. In addition, there is documentation of plain x-ray findings diagnostic of osteoarthritis and failure of conservative treatment (including medications). However, there is no documentation of failure of additional conservative treatment (such as physical therapy, weight loss, and intra-articular steroid injection). Therefore, based on guidelines and a review of the evidence, the request for Orthovisc injections knee x3 is not medically necessary.