MAXIMUS Federal Services

Case Number:	CM13-0048776		
Date Assigned:	12/27/2013	Date of Injury:	06/23/2011
Decision Date:	04/24/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/06/2013

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for bilateral knee pain reportedly associated with an industrial injury of June 23, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of October 10, 2013, the claims administrator denied a request for a series of Synvisc injections of the knees. Somewhat incongruously, the claims administrator did acknowledge that there was evidence of knee degenerative joint disease (DJD) noted on x-rays of the bilateral knees performed on July 24, 2013. The claims administrator then stated that there was no clear evidence of knee degenerative joint disease and stated that Synvisc injections were not indicated for chondromalacia. In a September 13, 2013 progress note, the applicant reports persistent bilateral knee pain, 4-6/10. The applicant states that physical therapy was beneficial. Well-preserved knee range of motion to 120-130 degrees bilaterally is noted with joint line tenderness appreciated bilaterally. X-rays of the knees of July 24, 2013 are notable for posttraumatic left knee DJD and evidence of healed left patellar fracture with mild right-sided knee degenerative joint disease appreciated. The attending provider seeks Orthovisc or viscosupplementation to ameliorate bilateral knees degenerative joint disease. Additional physical therapy is sought. The applicant has returned to regular work, it is further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOVISC INJECTION 3 INJECTIONS ONCE A WEEK FOR 3 WEEKS FOR THE BILATERAL KNEES: Overturned

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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Acupuncture Treatment Guidelines.

Decision rationale: The Expert Reviewer's decision rationale: The MTUS does not address the topic of viscosupplementation injections. As noted in the Third Edition ACOEM Guidelines, however, viscosupplementation injections are "recommended" for the treatment of moderate-to-severe knee arthritis in applicants in whom knee arthritis is unsatisfactory controlled with NSAIDs, acetaminophen, or exercise strategies. ACOEM notes that the dose, frequency, and duration are all unclear. In this case, the applicant apparently has fairly advanced left knee arthritis and less advanced right knee arthritis. Nevertheless, given the failure of other conservative treatments in the form of time, medications, physical therapy, etc. a trial of Orthovisc or viscosupplementation are indicated and appropriate. Therefore, the original Utilization Review decision is overturned. The request is certified, on Independent Medical Review.