

Case Number:	CM14-0003440		
Date Assigned:	01/31/2014	Date of Injury:	03/15/2006
Decision Date:	06/20/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/09/2014

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 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 injured worker is a 51 year old female with an injury reported on 03/15/2006. The mechanism of injury was noted as a fall. The clinical note dated 12/23/2013, reported that the injured worker complained of right shoulder and right knee pain. The MRI of the right shoulder dated 10/12/2012 reported right rotator cuff tendinosis, no rotator cuff tear; mild tenosynovitis of the extraarticular long head bicep tendon, and moderate acromioclavicular joint arthrosis. The MRI of the right knee dated 05/04/2006 revealed no definite internal derangement. The injured worker's gait was reportedly steady without need of assistive devices. The injured worker's diagnoses included hypertension, sleep disorder, depression, right shoulder and right knee pain, surgery of right shoulder and right knee. The request for authorization was submitted on 01/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHVISC INJECTIONS X 3 TO RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Hyaluronic Acid 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, Hyaluronic Acid Injections

Decision rationale: The request for orthvisc injections x3 to right knee is non-certified. Orthovisc is hyaluronic acid which is similar to synovial fluid. The injured worker complained of right shoulder and right knee pain. The MRI of the right knee dated 05/04/2006 revealed no definite internal derangement. According to the Official Disability Guidelines hyaluronic acid injections are recommended for injured workers who experience significant symptomatic osteoarthritis, but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months. The guidelines recommend documented symptomatic severe osteoarthritis of the knee, which may include the following: bony enlargement; bony tenderness; crepitus (noisy, grating sound) on active motion; less than 30 minutes of morning stiffness; no palpable warmth of synovium; over 50 years of age. The guidelines recommend there should be documentation that pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease. The provider does document that the injured worker's range of motion of the right knee has restriction with full flexion and extension. It was reported crepitus was noted with movement to the right knee. There is a lack of clinical documentation indicating the injured workers previous course of medication therapy utilized for right knee pain and the effectiveness of those medications. There is also a lack of clinical information provided indicating recent diagnoses that would contribute to increased pain and discomfort to the right knee. Also, there is a lack of documentation of the injured worker's unresponsiveness to physical therapy sessions or exercises. There was a lack of documentation indicating the injured worker had significant physical exam findings. Therefore, the request for orthvisc injections x3 to the right knee is non-medically necessary and appropriate.