

Case Number:	CM14-0109279		
Date Assigned:	08/01/2014	Date of Injury:	11/10/2011
Decision Date:	09/19/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/15/2014

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 Illinois. 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 male who reported an injury on 11/10/2011. He injured his right knee when he tackled someone and hit a curb. He was noted to have osteoarthritis of the right knee and osteoarthritis of the lower leg. The injured worker had a left knee arthroscopy in 1985. It was reported that he saw his treating physician on 07/03/2013 and he was recommended to wear an Unloader Brace and Viscosupplementation, which he completed and he noticed a decrease in his symptoms. The injured worker had an X-ray taken on 10/08/2013, but the results were not provided. On 06/20/2014, he reported he was doing some exercising and some running and noticed an increase in symptoms so he considered repeat knee injections since they helped "significantly". He had a home exercise program. Upon physical examination, his range of motion was noted to be normal, flexion was 110 degrees and extension was 5 degrees. The Lachman, anterior drawer, pivot shift, posterior sag sign, and quadriceps active tests were negative. The McMurray's test was negative but was consistent with degenerative joint disease. The injured worker reported taking Lovastatin 20mg 1 tablet once daily and Losartan Potassium 25mg 1 tablet once daily. The treatment plan was for Orthovisc Injection Series: 3 injections to the right knee due to his benefit from his previous injection. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injection Series: 3 Injections to Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Criteria for Hyaluronic Acid or Hylan.

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 Official Disability Guidelines state that the efficacy and safety of repeat courses of hyaluronan therapy in patients with osteoarthritis of the knee concluded that repeat courses of the hyaluronans are safe and effective in the treatment of pain associated with osteoarthritis of the knee. Furthermore, if documented significant improvement in symptoms for 6 months or more, and symptoms recur, then it may be reasonable to repeat the series. The injured worker has history of right knee osteoarthritis. He previously had viscosupplementation injections in his right knee and reported they helped "significantly". However, there was no evidence that pain relief lasted for 6 months. Therefore, despite documentation showing that the injured worker has osteoarthritis of the knee and reported benefit from previous Synvisc injection, in the absence of documentation showing pain relief lasted at least 6 months, a repeat series is not supported by the guidelines. As such, the request for Orthovisc injection series: 3 injections to the right knee is not medically necessary.