

Case Number:	CM14-0015852		
Date Assigned:	03/03/2014	Date of Injury:	03/07/2013
Decision Date:	06/30/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/07/2014

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 & Rehabilitation, has a subspecialty in Pain 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:

This is a 60-year-old female patient who sustained an industrial injury on 03/07/13 when she was pushing a cart full of linen on a slope and states that she got to the top on uneven floor area. At that point she felt a popping and pain in both knees and she had pain in her low back as well. The patient is diagnosed with right knee osteoarthopathy, degenerative type, and right knee degenerative medial meniscus tear. The patient reports difficulties with physical activity involving climbing stairs and reclining. Previous treatment has included physical therapy, oral medications, knee brace, and activity modification. There is reference to an MRI of the right knee indicating the right knee demonstrated tricompartmental arthritis with a Baker's cyst and some globular changes in the posterior horn of the medial meniscus. The patient had 1+ effusion of the right knee, positive McMurray's with some crepitus throughout range of motion, and on the left had a similar exam. Records indicate a request for Orthovisc injections x3 to the right knee was noncertified at utilization review, as the provider did not include adequate documentation of bony enlargement, bony tenderness, less than 30 minutes of morning stiffness or absence of palpable warm synovium. There was also a lack of documentation regarding whether the patient's pain was interfering with functional activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOVISC INJECTIONS x 3 TO THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

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, Hyaluronic Acid Injection

Decision rationale: The ODG guidelines state that for Hyaluronic acid injection of the knee there must be documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: Bony enlargement; bony tenderness facility; crepitus (noisy, grading sound) on active motion; erythrocyte sedimentation rate (ESR) less than 40 MM/hr; less than 30 minutes of morning stiffness; no palpable warmth or synovium; over 50 years of age; rheumatoid factor less than 1:42 titer (agglutination method); Synovial fluid signs (clear fluid of normal this callosity and WBC less than 2000/MM3). Documentation provided for review does not identify patient having a diagnosis of osteoarthritis of the knee that has not responded adequately to standard non-pharmacologic and pharmacologic treatments. Records do not identify bony enlargement, bony tenderness, less than 30 minutes of morning stiffness or absence of palpable warm synovium. Documentation does not identify failure to adequately respond to aspiration and injection of intra-articular steroids as guidelines recommend. The medical necessity of Orthovisc injection is not supported in the current clinical context.