

Case Number:	CM14-0017918		
Date Assigned:	04/16/2014	Date of Injury:	12/28/2009
Decision Date:	06/30/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/12/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 with a reported date of injury on 12/20/2009. The worker was injured while walking to the break room when his left knee popped out and then popped in again. He was diagnosed with early degenerative joint disease of the bilateral knees. His previous treatments were noted to include knee braces, a home exercise program, and medications. The radiology report dated 01/18/2010 stated the x-rays of the left knee showed no fracture, bony structures within, bony structures were within normal limits and there was no significant joint disease. An MRI of the left knee dated 04/17/2012 shows degeneration involving the posterior horn of the medial meniscus, cystic structure of the anterior femoral tibial articulation and small cyst posterior to the distal medial foraminal condyle (likely representing a ganglion cyst), no joint effusion or fracture, and no ossified joint bodies present. The provider reported the injured worker had 135 degrees of flexion to the right knee and 130 degrees of flexion to the left knee. The provider reported right/left positive patellar crunch and McMurray testing. The Request for Authorization form was submitted on 01/30/2014 for ultrasound guided Orthovisc injections for bilateral knees once a week for 3 weeks due to bilateral knee degenerative joint disease; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND GUIDED ORTHOVISC INJECTIONS BILATERAL KNEES 1X3:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Plus Guidelines treatment of knee.

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 ultrasound guided Orthovisc injections to the bilateral knees 1 times 3 is not medically necessary. The injured worker has a diagnosis of degenerative joint disease to the bilateral knees. The Official Disability Guidelines recommend hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs, or acetaminophen) to potentially delay full knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. The guidelines state while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). The documentation provided listed early degenerative joint disease as a diagnosis. However, the most recent MRI to the left knee revealed no joint effusions, no ossified joint bodies present. The x-ray report dated 01/18/2010 reported there was no significant joint disease. There is a lack of documentation regarding failure of conservative treatments such as exercise, physical therapy, and NSAIDs. There is also a lack of documentation regarding severe osteoarthritis. The range of motion to the right knee was normal, range of motion to the left knee was decreased, and motor strength was 5/5. There is a lack of documentation of significant physical exam findings upon physical exam. Therefore, due to the lack of documentation regarding severe osteoarthritis and failure of conservative care, Orthovisc injection would not be appropriate. Therefore, the request is not medically necessary.