

Case Number:	CM14-0111770		
Date Assigned:	08/01/2014	Date of Injury:	10/04/2012
Decision Date:	09/09/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/17/2014

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 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 chronic knee pain reportedly associated with an industrial injury of October 4, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; earlier knee arthroscopy on January 8, 2014; and unspecified amounts of physical therapy; and knee Corticosteroid injection therapy. In a Utilization Review Report dated June 19, 2014, the claims administrator denied a request for three Orthovisc (Viscosupplementation) injections. The claims administrator denied the request for the Viscosupplementation injections on the grounds that the applicant did not have arthritis of the knee which would warrant the Viscosupplementation injections. Somewhat incongruously, then, the claims administrator did report that operative findings included diffuse thinning of the articular cartilage of the patellofemoral joint. The applicant's attorney subsequently appealed. On July 1, 2014, the applicant presented with persistent complaints of knee pain. The applicant had difficulty squatting. The applicant was given a diagnosis of internal derangement of the knee with osteoarthritis. A series of three viscosupplementation injections were endorsed. The applicant was given work restrictions. It did not appear that the applicant was working with limitations in place. On May 15, 2014, the applicant again had persistent complaints of knee pain, exacerbated by walking, standing, and kneeling. The applicant was apparently using Tramadol, Naprosyn, and Protonix for pain relief. In a medical-legal evaluation of February 7, 2014, the applicant was described as having persistent complaints of knee pain following two prior knee surgeries in March 2013 and January 2014. The applicant had had earlier Corticosteroid and Viscosupplementation injections, it was stated. The applicant underwent a series of three Corticosteroid injections between July and August 2013, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOVISC INJECTIONS 1X3 FOR THE RIGHT KNEE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, KNEE CHAPTER.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation > ACOEM V.3 > Knee > Specific Diagnoses > Knee Pain and Osteoarthritis > Injections.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Knee Chapter, Viscosupplementation injections are recommended for the treatment of knee osteoarthritis and to treat knee pain after arthroscopy and meniscectomy. In this case, the applicant has longstanding issues with knee arthritis. Operative findings apparently confirmed articular cartilage thinning in January 2014. The applicant's knee arthritis has likely been accelerated by two prior knee surgeries in March 2013 and January 2014. Significant complaints of knee pain and crepitation persist. The applicant has tried and failed other treatments, including time, medications, physical therapy, and Corticosteroid injections. The series of three Orthovisc (Viscosupplementation) injections are therefore indicated. Accordingly, the request is medically necessary.