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| Case Number: | CM14-0128481 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 08/27/2004 |
| Decision Date: | 12/10/2014 | UR Denial Date: | 07/30/2014 |
| Priority: | Standard | Application Received: | 08/13/2014 |

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 Interventional Spine 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 patient is a 62-year-old male with an injury date of 08/27/2004. Based on the 04/17/2014 progress report, the patient complains of having left knee pain. Physical examination reveals that there is tenderness along the medial joint line and a crepitation of the patellofemoral joint. The patient's gait is minimally antalgic. The 07/17/2014 report states that the patient's knee still bothers him. Physical examination of the right knee reveals a positive patellar compression test. The patient was diagnosed with degenerative joint disease of the knee which causes continued pain. The utilization review determination being challenged is dated 07/30/2014. Treatments reports are provided from 02/04/2014 - 07/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation Injections Right Knee X5 20610, J7321: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Knee & Leg Chapter

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 (acute and chronic) hyaluronic acid injections

Decision rationale: MTUS is silent on Orthovisc injections. ODG Knee and Leg (acute and chronic) Guidelines states hyaluronic acid injections are recommended 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 total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best. ODG further states that the study assessing the efficacy of intra-articular injections of hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found that results were similar and were not statistically significant between treatment groups, but HA was somewhat superior to placebo in improving knee pain and function, with no difference between 3 or 6 consecutive injections. ODG Guidelines continue to state repeat series of injections: if documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. Review of the reports show that the patient's last series of injections were from 2/4/14 and the current request is from 7/17/14. This is less than 6 months time-frame recommended by ODG for a repeat injections. Therefore, Viscosupplementation Injections Right Knee X5 20610, J7321 is not medically necessary.