

Case Number:	CM14-0153165		
Date Assigned:	09/23/2014	Date of Injury:	06/25/2013
Decision Date:	10/24/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/19/2014

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 patient is a 68-year-old male who has submitted a claim for bilateral knee degenerative joint disease associated with an industrial injury date of 06/25/2013. Medical records from 03/10/2014 to 08/14/2014 were reviewed and showed that patient complained of bilateral knee pain graded 3-7/10. Physical examination revealed ROM of 0-140 degrees bilaterally, tenderness over medial and lateral joint lines of left knee, painful patellar crepitus with motion bilaterally, and negative patellar instability, Lachman's, anterior and posterior drawer, and varus and valgus stress tests. MRI of the right knee dated 09/01/2013 revealed lateral and medial meniscus tear, medial compartmental degenerative change, medial femoral condylar cystic change, partial PCL tear, moderate joint effusion, and small popliteal cyst. MRI of the left knee dated 09/01/2013 revealed medial meniscus tear, medial compartmental degenerative change, minimal Hoffa's fat pad edema, marrow edema, and distal patellar tendinosis. X-ray of the left knee dated 05/04/2014 revealed medial tibiofemoral osteoarthritis, generalized osteopenia, and old healed tibial tubercle avulsion injury. X-ray of the right knee dated 05/04/2014 revealed lateral tibiofemoral osteoarthritis, generalized osteopenia, and suprapatellar effusion. Standing x-rays of bilateral knees dated 04/30/2014 revealed degenerative joint disease bilaterally. Treatment to date has included arthroscopic right knee surgery (1974), three Orthovisc injections (10/2013), pain medications, and HEP. Of note, there was no documentation of functional outcome with previous Orthovisc injections, pain medications, and HEP. There was also no documentation of aspiration and intra-articular steroid injection. Utilization review dated 09/08/2014 denied the request for 1 series of 3 orthovisc injections for the bilateral knees between 09/04/2014 and 10/19/2014 because clinical response to previous Orthovisc injections has not been documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SERIES OF 3 ORTHOVISC INJECTIONS FOR THE BILATERAL KNEES: Upheld

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

Decision rationale: CA MTUS does not specifically address viscosupplementation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that criteria for hyaluronic acid injections include patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies after at least 3 months; failure to adequately respond to aspiration and injection of intra-articular steroid. In this case, the patient underwent previous Orthovisc injections on 10/2013. However, the functional outcome from previous injections was not documented. There was insufficient documentation of pharmacologic and non-pharmacologic trial and outcome to support Synvisc injections. There was also no documentation of aspiration and intra-articular steroid injection. There is no discussion as to why variance from the guidelines is needed. Therefore, the request for 1 series of 3 orthovisc injections for the bilateral knees is not medically necessary.