

Case Number:	CM14-0163819		
Date Assigned:	10/08/2014	Date of Injury:	03/03/2013
Decision Date:	11/18/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/06/2014

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 Management & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 03/03/13 when she tripped over boxes, landing on the right side of her body including her low back, hip, and knee. She continues to be treated for chronic knee pain. She was seen on 02/14/14. There had been one and one half weeks of pain relief after a cortisone injection 4 months previously. She is unable to take non-steroidal anti-inflammatory medications due to anticoagulation. There had been moderate relief with two injections of Synvisc. She was having ongoing medial right knee pain. Physical examination findings included mild right knee joint tenderness and mild right patellar crepitus. Imaging results were reviewed showing findings of mild right knee degenerative joint disease. A third Synvisc injection was performed. On 09/17/14 there had been a six month improvement after the series of Synvisc injections. She was having right knee pain. Physical examination findings appear unchanged. Authorization for another series of viscosupplementation injections was requested. On 10/02/14 her symptoms were unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intra-articular viscosupplement injections (series of 3 orthovisc injections) for the right knee as an outpatient.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Hyaluronic acid injections

Decision rationale: The claimant is more than 1 years status post work-related injury and continues to be treated for chronic right knee pain. A previous series of viscosupplementation injections done six months before this request had been helpful. She is unable to take oral non-steroidal anti-inflammatory medications. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement. A repeat series of injections can be considered if there is a documented significant improvement in symptoms for 6 months or more and the symptoms recur. In this case, the claimant meets the above criteria and therefore the repeat series of injections is medically necessary.