

Case Number:	CM14-0164339		
Date Assigned:	10/09/2014	Date of Injury:	11/18/2009
Decision Date:	11/10/2014	UR Denial Date:	09/26/2014
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 and Rehabilitation, has a subspecialty in Pain 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:

This is a patient of the date of injury of November 18, 2009. A utilization review determination dated September 26, 2014 recommends modified certification of Orthovisc injections. Non-certification was recommended for ultrasound guidance. A progress report dated August 11, 2014 identifies a subjective complaints of low back pain, neck pain, and bilateral knee pain. The patient underwent physical therapy for his knees, was prescribed Norco, and would like trigger point injections. Physical examination reveals tender points over the neck, posterior shoulders, and low back. Diagnoses include cervical strain, low back strain, degenerative joint disease in the right and left knees, chronic pain syndrome, and myofascial pain syndrome. The treatment plan recommends trigger point injections, Norco, and continuing physical therapy. An operative report dated March 5, 2014 indicates that the patient has chondromalacia affecting the left knee. A progress report dated April 1, 2014 indicates that the patient is doing home exercises, taking medication, and going to physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Ultrasound guided orthovisc injections: 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 & Leg (Acute & Chronic)Hyaluronic acid injections

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

Decision rationale: Regarding the request for Orthovisc x 3 with ultrasound, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Guidelines go on to state that the injections are generally performed without fluoroscopic or ultrasound guidance. Within the documentation available for review, there is no indication why ultrasound guidance would be required for this particular patient. Additionally, there is no of failure of conservative management including aspiration and injection of intra-articular steroids. Additionally, it is unclear which side is being requested for the Orthovisc, or if the request is for bilateral injections. In the absence of clarity regarding those issues, the currently requested Orthovisc injection x 3 with ultrasound is not medically necessary.