

Case Number:	CM14-0166888		
Date Assigned:	10/14/2014	Date of Injury:	11/14/1998
Decision Date:	11/17/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/09/2014

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 with the date of injury of November 14, 1998. A utilization review determination dated September 17, 2014 recommends noncertification for 3 Orthovisc injections to the left knee. Noncertification was recommended due to lack of documentation of degenerative joint disease on imaging and failure of steroid injections. A progress report dated August 16, 2013 indicates that the patient has recently undergone Synvisc injection to the knee. A report dated April 3, 2013 indicates that a left knee x-ray reveals diffuse spurring with a 0 mm medial joint line. An Agreed Medical Re-examination dated April 3, 2013 identifies subjective complaints of bilateral knee pain. The note indicates that the patient has been treated with medication and physical therapy for the knees. The patient wants to undergo bilateral knee surgeries. Physical examination findings reveal an effusion in the left knee with palpable tenderness around the right patella and medial and lateral articular surfaces of the left patella. The note indicates that the patient underwent Orthovisc injections in 2012 and states that they "seem to help" with his left knee pain. The note goes on to indicate that the patient has also undergone Synvisc injections to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections x 3 to the left knee: Upheld

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 Chapter, Hyaluronic acid injections

Decision rationale: Regarding the request for repeat Orthovisc injections in the knee, 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. In the absence of such documentation, the currently requested Synvisc injection x 3 is not medically necessary. ODG states that if there is significant improvement in symptoms for 6 months or more, and symptoms recur, it may be reasonable to do another series. Within the documentation available for review, there is documentation of previous hyaluronic acid injections. However, there is no documentation of significant improvement in symptoms and function for 6 months or more after the previous injections. Additionally, there is no documentation of failure of conservative management including aspiration and injection of intra-articular steroids. In the absence of such documentation, the currently request is not medically necessary.