

Case Number:	CM14-0180358		
Date Assigned:	11/05/2014	Date of Injury:	03/07/2013
Decision Date:	12/11/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/30/2014

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 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 43 year old male with an injury date of 03/07/13. Based on the 08/05/14 progress report, the patient complains of lower back pain and left knee pain. He has shooting pain down his left leg and left knee has pain with cracking. He has crepitus on his left knee, medially and laterally. The 10/09/14 report indicates that the patient has increased numbness/weakness and feeling heavy on the legs. There is pain and cramping across the lower back and into the buttocks. The patient also has burning with increased pain. His left knee has popping and constant mild pain with activities. On 10/06/14 X-ray of the knee shows no fracture or dislocation. The medial joint space is about 4 mm and laterally about 5 mm. There is an osteophyte on the superior pole of the patella. The patient's diagnoses include musculoligamentous sprain lumbar spine with left lower extremity radiculitis, internal derangement left knee, status post left knee arthroscopy with total meniscectomy (2013), disc bulges T1-2, L1-2, L3-4, L4-5, L5-S1, bone bruise lateral tibia, left and osteoarthritis, left knee. The utilization review determination being challenged is dated 10/16/14. Treatment reports were provided from 02/11/14- 10/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injections to 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 and Leg (acute and chronic) chapter, hyaluronic acid injections

Decision rationale: According to the 10/09/14 report, the patient presents with lower back pain and left knee pain. It does not appear as though the patient has previously had a viscosupplementation. The patient is currently taking Omeprazole, Meloxicam, Cyclobenzaprine, and Tramadol. He is using the IF unit and has 8 sessions of chiropractic therapy to complete. MTUS Guidelines are silent on Orthovisc injections. ODG Knee and Leg (acute and chronic) Guidelines state 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 not statistically significant between treatment groups, but HA was somewhat superior to placebo in improving in knee pain and function, with no difference between 3 or 6 consecutive injections. In this case, there is no case of "severe osteoarthritis." The provided X-ray findings do not discuss any significant arthritis and there were no MRIs of the knee provided. There is no documentation of any prior injections or patient failing the use of NSAIDs or any form of exercise. Recommendation is for denial.