

Case Number:	CM14-0043205		
Date Assigned:	09/18/2014	Date of Injury:	05/07/2012
Decision Date:	10/16/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/10/2014

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 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 female with no documented age who has submitted a claim for cervical radiculopathy associated with an industrial injury date of 05/07/2012. Medical records from 2014 were reviewed. The patient is status post left shoulder arthroscopic surgery. The patient noted left shoulder and cervical spine pain. Physical examination revealed limitations in range of motion for the shoulder. There was pain and weakness over the long head of the biceps tendon. Examination of the cervical spine revealed tenderness at the paravertebral muscles and upper trapezial muscles. Spasm was also noted. Axial loading compression test and Spurling's maneuver are both positive. There is painful and restricted cervical range of motion. Treatment to date has included oral medications, surgery and physical therapy. Utilization review from 03/12/2014 denied the request for Orthovisc series of 3 injections into bilateral knees (1 set of 3 injections in the left knee, 2 set of 3 injections into the right knee) because the medical records do not clearly indicate any recent subjective complaints of knee pain. There were no objective findings documented indicating knee pathology. There were no objective diagnostic studies documenting osteoarthritis of the knees. There was a lack of documented failure of basic conservative measures directed to the knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc series of 3 injections into bilateral knees (1 set of 3 injections into the left knee, 2 set of 3 injections into the right knee): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)

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 Chapter, 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 viscosupplementation injections are recommended in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments; or is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; failure of conservative treatment; and plain x-ray or arthroscopy findings of osteoarthritis. In this case, the medical records submitted made no mention of any subjective complaint regarding the knees. Subjective and objective findings were lacking to diagnose the patient with osteoarthritis of the knees. The criteria were not met. The medical necessity cannot be established due to insufficient information. Therefore, the request for Orthovisc series of 3 injections into bilateral knees (1 set of 3 injections into the left knee, 2 set of 3 injections into the right knee) is not medically necessary.