

Case Number:	CM14-0046409		
Date Assigned:	07/02/2014	Date of Injury:	11/12/2006
Decision Date:	09/05/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/14/2014

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 Occupational 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:

The Injured Worker is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 12, 2006. Thus far, the Injured Worker has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the course of the claim; and earlier ACL reconstruction surgery in 2010 with subsequent meniscectomy surgery in 2011. In a Utilization Review Report dated March 6, 2014, the claims administrator denied a request for Orthovisc (viscosupplementation) injections despite documenting knee x-rays showing left knee arthritis with collapse of the medial joint space. The claims administrator stated that there was no evidence that the Injured Worker had failed other conservative treatments, including corticosteroid injection therapy. On February 11, 2014, the Injured Worker presented with persistent complaints of knee pain, exacerbated by standing and walking. Crepitation was appreciated with mildly limited range of motion. An X-rays demonstrated advanced unicompartamental knee arthritis. Viscosupplementation injections were endorsed. It was the Injured Worker had apparently undergone a left knee corticosteroid injection on November 11, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided Orthovisc Injection Left Knee x 3: 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), Knee/Hyaluronic Acid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, Injections section.

Decision rationale: The MTUS does not address the topic of viscosupplementation or Orthovisc injections for knee arthritis, the diagnosis present here. As noted in the Third Edition ACOEM Guidelines, viscosupplementation injections are recommended in the treatment of moderate-to-severe knee arthritis, which has proven recalcitrant to other conservative treatments, including time, medications, non-steroidal anti-inflammatory drugs (NSAIDs), and/or exercise strategies. In this case, the Injured Worker has, in fact, tried and failed exercise strategies, time, medications, physical therapy, NSAIDs such as Motrin, and at least one earlier knee corticosteroid injection in late 2013. The Injured Worker has radiographically-confirmed, advanced knee arthritis. The request in question appears to represent a first-time request for orthovisc or viscosupplementation injections. Accordingly, the request is medically necessary.