

Case Number:	CM14-0061555		
Date Assigned:	09/03/2014	Date of Injury:	08/24/2013
Decision Date:	10/15/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/02/2014

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:

There were 38 pages provided for this review. The application for independent medical review was signed on April 27, 2014. The issue was a series of three ortho physical injections under ultrasound guidance to the left knee. Per the records provided, the date of injury was August 24, 2013. The date of a recent evaluation was April 8, 2014. The claimant was in for a checkup, and complained of left knee pain. There was moderate crepitus noted with patellar compression. An MRI of the knee was done on October 18, 2013 showing medial compartment degenerative changes but there is no mention of osteoarthritis. The patient's medicines include ibuprofen, hydrocodone, Centrum Silver, Duloxetine, and simvastatin. There was a knee arthroscopy in 1990 and neck surgery done in 2003. An x-ray was done on an unspecified date, which showed a decrease in medial joint space with no acute findings. An MRI of the knee done on October 18, 2013 showed what was termed medial compartment degenerative changes and degenerative signal in the menisci but no definite tear. There had been activity modification and medication management. Oddly, there is no mention of actual osteoarthritis. The claimant was 52 years old. There was a diagnosis of osteoarthritis but I did not find imaging confirmation of significant knee arthritis. There is continued left knee pain. Physical exam of the knee showed no effusion. There is no mention of failure to adequately respond to steroid therapy. There is no mention of the record that the patient has failed to respond to conservative nonpharmacologic and pharmacologic treatments. The mechanism of injury was reportedly cumulative injury from repetitively going up and down the stairs at work. There was a note that was provided from [REDACTED] dated January 2, 2014. He walks with a slight limp favoring his right knee. The assessment was a left knee strain with degeneration of the meniscus. He was referred to an orthopedic surgeon on January 9, 2014. He was given work restrictions. There was a note from March 3, 2014. This note here says the mechanism of injury was climbing a ladder. He continued

to have some mild intermittent swelling of his left knee. He had increased occurrence of locking of his left knee, as well as clicking. He used ibuprofen. There is a minimal amount of edema over the left knee. The assessment was degenerative joint disease. The x-ray of the left knee showed a decrease medial joint space but no acute findings. The MRI of the knee from October 18, 2013 showed medial compartment degenerative changes. There were degenerative signals in the menisci but no definitive tear. The proceeded and collateral ligaments were intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 orthovisc injections under ultrasound guidance for 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), Treatment Index, 11th Edition (web) , 2013, Knee & Leg, 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, under Hyalgan/Synvisc Knee Injections

Decision rationale: The MTUS is silent on these injections. The ODG note these injections are recommended as an option for osteoarthritis. They note that patients with moderate to severe pain associated with knee osteoarthritis OA that is not responding to oral therapy can be treated with intra-articular injections. The injections are for those who experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications). This patient, however, has no unequivocal documentation of osteoarthritis, which is the specific condition that evidence-based studies have shown the injections are helpful for. The request is not medically necessary per MTUS guides.