

Case Number:	CM14-0064335		
Date Assigned:	07/11/2014	Date of Injury:	04/19/2011
Decision Date:	09/08/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/07/2014

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 Orthopaedic Surgery 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 62 year old female with right knee pain since a patella fracture that occurred in 2004. The injured worker rates the pain as 6/10 and aching in nature documented on clinical notes from 4/15/2014. The pain in her knee is worse while walking up and down stairs and with walking. The injured worker has had orthovisc injections in the past with the last one documented as being on 11/7/2013. The injured worker states that she gets relief with injections of orthovisc. The injured worker has had x-rays of bilateral knees on 4/15/2014 interpreted as showing no fracture and no dislocations. Bilateral moderate degenerative joint disease (DJD) is also documented in the results section of the clinical notes from 4/15/2014. Clinical examination by the treating provider on 4/15/2014 shows range of motion from 5-120 degrees, with tenderness at the patellofemoral joint and no tenderness to the medial or lateral joint lines.

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 to the right knee under ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injectionsTherapeutic trajectory following intra-articular hyaluronic acid injection in knee

osteoarthritis meta-analysis, R.R. Bannuru, N.S. Natov, U.R. Dasi, C.H. Schmid, T.E. McAlindon, Osteoarthritis and Cartilage vol 19, 6, 2011: page(s) 611-619.

Decision rationale: Following Official Disability Guidelines (ODG), orthovisc injections to the right knee under ultrasound guidance is not certified at this time. Based on clinical notes from 4/15/2014, the injured workers last orthovisc injection was on 11/7/2013. Following the Official Disability Guidelines (ODG) guidelines, repeat injections can be considered if there has been clear documentation of functional improvement over a 6 months period after the injections. In addition, 6 months has not elapsed since documentation of the last injections. Ultrasound guidance is generally not considered unless justified by specific reasons that would not allow following current guidelines. Current documentation does not support this. Isolated patellofemoral arthritis cannot be used as the only reason to justify the use of orthovisc injections. Current documentation shows patellofemoral symptoms treated conservatively with no evidence of symptoms in the other compartments of the knee.

Mobic 15mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic) Page(s): 61.

Decision rationale: According to the Medical Treatment Utilization Schedule (MTUS) guidelines allow for short term, low dose use of Mobic for moderate to severe arthritic pain with a maximal dosage of 15mg/day. Based on the available documentation, it is unclear how long this medication has been prescribed to the injured worker. Moreover, the maximal dosage for this prescription should not exceed 15mg/day and currently there is no specification on how this medication will be taken. Therefore, the requested medication is considered not medically necessary for the injured worker at this time.

Xrays of the bilateral knees, 3 views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Radiography (x-rays).

Decision rationale: The injured worker had x-rays taken on 1/31/2014 that showed patellofemoral arthritis. There is no justification for the need of repeat x-rays to be taken at this time unless something has changed from previous visits to merit further testing. Without documentation for need of repeat x-rays at this time, the request for x-rays of bilateral knees cannot be justified. Following the Official Disability Guidelines (ODG) to date, indications for x-ray imaging in the non-acute trauma settings include, nontraumatic knee pain in the adult population with patellofemoral symptoms which are mandatory for initial work up. However, the

injured worker of record had initial x-rays on 1/31/2014 and without subsequent acute trauma or change in symptoms that would require further workup, new x-rays are unnecessary and the request is denied.