

Case Number:	CM14-0082843		
Date Assigned:	07/21/2014	Date of Injury:	11/16/2000
Decision Date:	08/26/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/04/2014

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 Nevada. 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 61-year-old male who was reportedly injured on 11/16/2000. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 4/24/2014, indicated that there were ongoing complaints of low back pain and bilateral knee pains. The physical examination demonstrated the right knee had mild antalgic gait, varus deformity and tenderness to palpation along the medial joint line. The left knee had mild antalgic gait and no tenderness to palpation. Diagnostic imaging studies included x-rays of the right knee and left knee, which revealed well-fixed left total knee arthroplasty. The right knee revealed decreased medial joint space. Previous treatment has included injections, medication, and conservative treatment. A request was made for ultrasound-guided Orthovisc injections to the right knee x 3; the request was not certified in the pre-authorization process on 5/2/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 ultrasound guided Orthovisc injections to the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: Knee pain from osteoarthritis is unsatisfactorily controlled with non-steroidal anti-inflammatory drugs (NSAIDs), Acetaminophen, weight loss or exercise strategies. Four of six comparative trials found viscosupplementation injections superior to glucocorticosteroid injections, with longer duration of benefits, so these injections may be a treatment option for osteoarthritis that is non-responsive to non-invasive treatments. There is moderate-quality evidence that these injections are more effective in patients aged 60 to 75. After a review of the medical record, it was noted chronic right knee pain and will likely benefit from these injections. However, there was no justification of the need for these injections to be performed using ultrasound guidance. There were no evidence-based medical studies or clinical trials to show a cost-benefit analysis. Therefore, this request is deemed not medically necessary.