

Case Number:	CM14-0187397		
Date Assigned:	11/17/2014	Date of Injury:	10/21/1998
Decision Date:	01/06/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 66 year old male with a reported industrial injury on 10/21/98. The mechanism of the injury was not provided in the medical records. He has bilateral knee pain status post arthroscopy to right knee 1990 and left knee in 1996. He did have spinal reconstruction surgery at L4-S1 on 6/4/14. The 9/11/14 treatment note documents back pain and hypertension. The documentations provided do not specify previous medical treatments or diagnostic studies involving the bilateral knees. The treatment note of 8/14/14 did indicate that he had negative drawer signs bilaterally. The treatment plan on 9/11/14 included bilateral knee Orthovisc injections. The Utilization Review on 10/16/14 non-certified the request made on 10/3/14 for bilateral knee Orthovisc injections times 3 by the primary treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections x 3, bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and

Environmental Medicine (ACOEM), 3rd Edition, Volume 4, Lower Extremity Disorder, Viscosupplementation injections, page 687

Decision rationale: The ODG criteria for use of Viscosupplementation injections such as Orthovisc include failed nonpharmacologic and pharmacologic treatment and failure to respond adequately to injections of intra-articular steroids. They are not recommended for chondromalacia patella or patellofemoral arthritis. The ACOEM Practice Guideline (3rd Edition) notes that Viscosupplementation injections are indicated for moderate to severe knee osteoarthritis that is unsatisfactorily controlled with anti-inflammatory medication, acetaminophen, weight loss or exercise strategies. In this case the medical records do not provide any specific diagnosis for bilateral knee symptoms other than knee pain. The records do not indicate a diagnosis of moderate to severe knee osteoarthritis, failure to respond adequately to medications and conservative treatment, weight loss and intra-articular steroid injections. Since he has not met the recommended criteria, the request for Orthovisc injections x3, bilateral knees is not medically necessary.