

Case Number:	CM14-0189426		
Date Assigned:	11/20/2014	Date of Injury:	05/01/2014
Decision Date:	01/08/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/13/2014

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 & Rehabilitation, 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 patient is a 54-year-old female who has submitted a claim for right mild medial knee osteoarthritis, right medial knee pain effusion and right knee possible medial meniscus tear associated with an industrial injury date of May 1, 2014. Medical records from 2014 were reviewed. The patient complained of right knee pain aggravated by weight bearing. She was unable to fully bend her right knee. Physical examination on of the right knee showed flexion of 0 to 130 degrees, medial joint line tenderness, effusion, crepitus, and positive McMurray's sign. The x-ray of the right knee on July 14, 2014 revealed no patellar femoral arthritis, mild medial compartment arthritis, and no lateral compartment arthritis. No fracture was noted. The CT scan showed mild osteoarthritis. Treatment to date has included 8 physical therapy sessions, cortisone injection, activity restriction, knee support and medications. The utilization review from October 2, 2014 denied the request for ultrasound-guided Orthovisc injections into the patient's right knee, one x 4 weeks. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided Orthovisc Injections for right knee x 4 (once a week for 4 weeks):

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 Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Hyaluronic acid injections

Decision rationale: CA MTUS does not specifically address viscosupplementation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that viscosupplementation injections are recommended in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies; or is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; and failure of conservative treatment; and plain X-ray or arthroscopy findings of osteoarthritis. Furthermore, repeat series of injections may be reasonable if there is relief for 6-9 months. In this case, the patient complained of right knee pain aggravated by weight bearing. She was unable to fully bend her right knee. Physical examination on of the right knee showed flexion of 0 to 130 degrees, medial joint line tenderness, effusion, crepitus, and positive McMurray's sign. Her symptoms persisted despite 8 physical therapy sessions, cortisone injection, activity restriction, knee support and medications. However, there was no evidence of significant osteoarthritis to warrant viscosupplementation. The x-ray of the right knee on July 14, 2014 revealed no patellar femoral arthritis, mild medial compartment arthritis, and no lateral compartment arthritis. The CT scan merely showed mild osteoarthritis. The guideline criteria for Orthovisc injection were not met. Therefore, the request for ultrasound-guided Orthovisc injections into the patient's right knee, one x 4 weeks is not medically necessary.