

Case Number:	CM14-0192332		
Date Assigned:	11/26/2014	Date of Injury:	03/13/2009
Decision Date:	01/20/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/18/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 13, 2009. In a Utilization Review Report dated November 7, 2014, the claims administrator denied a request for viscosupplementation injections. The claims administrator stated that its decision was based on an October 30, 2014 progress note. The claims administrator, in its denial, did note that the applicant had documented issues with knee pain and knee crepitation on the date in question. The applicant had also had earlier knee magnetic resonance imaging (MRI) imaging of August 15, 2014 which demonstrated articular cartilage thinning status post earlier two left knee arthroscopy. The applicant had completed 24 sessions of physical therapy. The claims administrator also alluded to x-ray imaging of July 2014 demonstrating moderate-to-severe knee arthritis. Despite documenting severe arthritis, the claims administrator stated that it was denying the request on the grounds that the applicant did not meet Official Disability Guidelines (ODG) criteria for pursuit of knee viscosupplementation injection therapy and/or that the applicant had not undergone conservative treatment before viscosupplementation injections were sought, despite the fact that the applicant had received extension physical therapy and despite the fact that the applicant was several years removed from the date of injury. The applicant's attorney subsequently appealed. In a November 26, 2014 progress note, the applicant reported left knee pain secondary to left knee arthritis. The applicant was now alleging development of compensatory right knee pain, it was stated. The applicant was apparently struggling to work owing to ongoing complaints of knee pain. The applicant had a moderate knee effusion and crepitation in the clinic. The applicant received a viscosupplementation injection on this date.

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 for the left knee: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, Viscosupplementation Injections section

Decision rationale: The California MTUS does not address the topic. However, the Third Edition ACOEM Guidelines do acknowledge that intra-articular knee viscosupplementation injections are recommended for the treatment of moderate-to-severe knee osteoarthritis, as is present here. The applicant has reportedly severe left knee arthritis following two prior failed knee surgeries. The applicant's knee arthritis is radiographically confirmed. The applicant's knee arthritis has proven recalcitrant to time, medications, over 24 sessions of physical therapy, and two prior knee arthroscopies, it has been posited. Knee viscosupplementation (Orthovisc) injections are, thus, recommended in the clinical context present here. Therefore, the request was medically necessary.