

Case Number:	CM14-0204306		
Date Assigned:	12/16/2014	Date of Injury:	04/23/2009
Decision Date:	02/09/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/05/2014

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, has a subspecialty in Interventional Spine 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 62 year old male with an injury date of 04/23/09. The 10/28/13 report states that the patient suffers with right knee varus osteoarthritis. He is status post op right knee arthroscopy on 08/28/09. He has tried an unloader brace, but discontinued due to aggravation of his skin. The patient now uses a patellar stabilizing brace that helps his symptoms. He also complains of left knee pain that is aggravated with activity. He rates his pain a 7/10. The patient's diagnoses includes the following: 1. OA Knee/PF OA The utilization review determination being challenged is dated 11/21/14. There was one treatment report provided from 10/28/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided Injection Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG section on osteoarthritis subsection under Hyaluronic/orthovisc injection

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 (acute and chronic) guidelines state hyaluronic acid injections.

Decision rationale: The patient presents with right knee varus osteoarthritis as well as left knee pain. The request is for Ultrasound Guided Injection for the Right Knee (Orthovisc Injection). There was no rationale provided. The report with the request was not provided. California (MTUS) Guidelines are silent on Orthovisc injections. ODG knee and leg (acute and chronic) guidelines state hyaluronic acid injections are "recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs, acetaminophen), to potentially delay total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best." ODG further states that the study assessing the efficacy of intraarticular injections of hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found that results were similar and not statistically significant between treatment groups, but HA is somewhat superior to placebo in improving a knee pain and function, with no difference between 3 or 6 consecutive injections. ODG support U/S guided knee injections for: "(1) the failure of the initial attempt at the knee joint injection where the provider is unable to aspirate any fluid; (2) the size of the patient's knee, due to morbid obesity or disease process that inhibits the ability to inject the knee without ultrasound guidance; & (3) draining a popliteal (Baker's) cyst." Four-view x-ray of right knee and three-view x-ray of left knee performed on 10/28/2013 revealed right knee with 70% joint space loss medially and patella infera; left knee with mild to moderate joint space loss medially. In this case, the patient does present with right knee varus osteoarthritis. It does not appear as though the patient has had any prior injections to the right knee and a trial of orthovisc injection to the right knee appears reasonable. However, U/S guidance is not indicated. The treater does not document initial failure at knee joint injection; there is no morbid obesity or disease process requiring U/S guidance. Therefore, the request is not medically necessary.