

Case Number:	CM14-0209508		
Date Assigned:	12/22/2014	Date of Injury:	04/02/1997
Decision Date:	02/18/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 66-year-old male with a date of injury of 04/02/1997. According to progress report dated 11/14/2014, the patient is status post arthroscopic surgery of the left knee in 2013. The patient underwent a course of viscosupplementation injections about a year ago which has provided long term pain relief. The patient recently presents with complaints of sharp stabbing pain in the left knee. On 01/20/2014, the patient was given an initial Orthovisc injection and second injection was administered on 01/28/2014. It was noted that the patient reports mild benefit from injections. The patient complains of worsening of pain and states that the Orthovisc is wearing off and he would like to have another series of injections. Physical examination revealed range of motion of the left knee is full. There is mild crepitation of increased warmth. Mild swelling and mild diffuse tenderness are noted. The listed diagnoses are:1. Bilateral knee arthritis.2. Degenerative disease of cervical spine.3. Degenerative disease of lumbar spine.4. Meralgia paresthetica right hip.5. Trigger right thumb, status post surgery.6. Strain right wrist with tear TFCC.7. Strain left shoulder, status post subacromial decompression Mumford procedure. Treatment plan is for repeat Orthovisc injections for the left knee and followup in 6 weeks. The patient is currently retired. The utilization review denied the request for injections on 12/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee Orthovisc injections x3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter, hyaluronic acid injections.

Decision rationale: This patient presents with chronic left knee pain. The current request is for left knee Orthovisc injections x3. The ACOEM and MTUS Guidelines do not discuss hyaluronic acid injections. Therefore, return to ODG Guidelines for further discussion. ODG under the knee chapter recommends hyaluronic acid injections "as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs, or acetaminophen); to potentially delay total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best." In this case, the medical file provided for review includes 1 progress report dated 11/14/2014. There is no imaging of the knee provided in the medical file to document arthritis and ODG states these injections are for "severe" osteoarthritis. The requested Orthovisc injections are not medically necessary.