

Case Number:	CM15-0001953		
Date Assigned:	01/07/2015	Date of Injury:	04/26/2013
Decision Date:	04/02/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/05/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 57 year old male, who sustained an industrial injury on 4/26/2013, sustaining a puncture wound to his right hand, resulting in septicemia and osteomyelitis. The diagnoses have included pain in joint, lower leg. Treatment to date has included conservative measures. An unspecified knee surgery was noted in 1975. Magnetic resonance imaging of the left knee, dated 12/10/2013, showed advanced degenerative changes involving the medial compartment, with full thickness cartilage loss, and destruction of the medial meniscus, complete anterior cruciate ligament tear, marked cartilage thinning, involving the medial aspect of the lateral femoral condyle, with subchondral edema, low grade chondromalacia of the patellofemoral compartment, no evidence of osteomyelitis, and small joint effusion with extension of fluid along the gracilis and popliteus tendon sheaths. Prior ESR was normal in April 2014. Currently, the injured worker complains of pain in his cervical spine. Current medications included Ibuprofen, Androgel, Norco, Tramadol, and Aspirin. Exam of his bilateral knees noted moderate effusion, medial joint line tenderness, painful and decreased range of motion, and positive McMurray's test. X-rays of bilateral knees performed on 4/24/2014 were referenced in the progress report, dated 10/08/2014. The left knee x-ray was noted as revealing severe osteoarthritis involving all three compartments and varus alignment. The right knee x-ray was noted as revealing mainly medial and patellofemoral compartment osteoarthritis and varus alignment. Conservative treatment with Orthovisc injections was recommended. On 12/17/2014, Utilization Review non-certified a request for Orthovisc injections, bilateral knees, noting the lack of compliance with ACOEM Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections for the bilateral knees: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Orthovisc (hyaluronan).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Knee pain chapter, Hyaluronic Acid injections and pg 32.

Decision rationale: According to the guidelines, injections such as Orthovisc are recommended 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. Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following:(1) Bony enlargement;(2) Bony tenderness;(3) Crepitus (noisy, grating sound) on active motion;(4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr;(5) Less than 30 minutes of morning stiffness;(6) No palpable warmth of synovium;(7) Over 50 years of age;(8) Rheumatoid factor less than 1:40 titer (agglutination method);(9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³); Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids; Generally performed without fluoroscopic or ultrasound guidance; Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. (Wen, 2000) Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence; In this case, the claimant has significant abnormal findings on exam and MRI consistent with knee arthritis. The claimant has 5 of the above factors. The request for a Orthovisc injection is appropriate and medically necessary.