

Case Number:	CM15-0005503		
Date Assigned:	01/16/2015	Date of Injury:	09/18/2009
Decision Date:	03/16/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old female, who sustained an industrial injury on 09/18/2009. The diagnoses have included status post arthroscopic lateral release to the right knee on 06/02/2014, left knee pain, and low back pain with right lower extremity symptoms. Treatments to date have included knee surgery, physical therapy, and medications. Diagnostics to date have included MRI of the right knee dated 05/25/2011 which revealed no acute disease and lateral subluxation was again noted. In a progress note dated 12/08/2014, the injured worker presented with complaints of left knee and low back pain with right lower extremity symptoms. The treating physician reported no signs of infection to the right knee and limited lumbar range of motion with pain. Utilization Review determination on 01/07/2015 non-certified the request for Viscosupplementation Series of 3 Right Knee, per Doctors office they are Orthovisc Injections citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation series of 3 right knee orthovisc injections: 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 chapter, Hyaluronic acid injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee chapter, Hyaluronic acid injections

Decision rationale: According to the 1/07/15 Utilization Review letter, the series of Orthovisc injections requested on the 12/8/14 medical report was denied because there was no evidence of severe osteoarthritis in the records. According to the 12/08/14 orthopedic report, the patient presents with 6/10 right knee pain, 3/10 left knee pain, and 7/10 low back pain. Her diagnoses include: status post arthroscopic lateral release, right knee on 6/02/14; left knee pain; low back pain with right lower extremity symptoms. The treatment plan states they are awaiting a response for reconsideration to proceed with the viscosupplementation series of 3, for the right knee. There are no radiographs or MR imaging studies provided for the right knee. The operative report for the right knee was not provided for this review. MTUS/ACOEM did not specifically discuss hyaluronic acid injections. As of 2/27/15, the ODG-TWC guidelines, Knee chapter for Hyaluronic acid injections, criteria for hyaluronic acid injections show several criteria for hyaluronic acid injections including pain interferes with functional activities and not attributed to other forms of joint disease and symptomatic osteoarthritis that has not responded to pharmacologic treatments. The physician states the viscosupplementation injections were to address the osteoarthritis portion of the knee condition. The request appears to meet the ODG criteria. The request for Viscosupplementation series of 3 right knee Orthovisc injections IS medically necessary.