

Case Number:	CM15-0101839		
Date Assigned:	06/04/2015	Date of Injury:	03/05/2014
Decision Date:	09/25/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/28/2015

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 53-year-old male, who sustained an industrial injury on 3-5-14. Initial complaints were not reviewed. The injured worker was diagnosed as having musculoligamentous sprain-strain cervical spine with radicular component; musculoligamentous sprain-strain lumbar; right knee pain with internal derangements; left knee pain status post total knee replacement (5-2010); sprain-strain right hip; musculoligamentous sprain-strain shoulders right greater than left; pain in hands -fingers; right thumb tendonitis; indigestion. Treatment to date has included status post left total knee joint replacement; physical therapy; medications. Diagnostics studies included MRI right knee (1-13-15). Currently, the PR-2 notes dated 4-27-15. These notes indicated the injured worker is scheduled for a 5-4-15 evaluation for the approved arthroscopic right knee surgery. He has been going to the gym, riding a stationary bike, complains of pains, and aches after exercising at the knee and lower back. He does stretching at home. He has participated in physical therapy in September 2014 and reported physical therapy decreased his pain. The provider notes the injured worker has had multiple surgeries to this left knee including a joint replacement. He is having compensatory pain in the right knee. The provider is requesting authorization of Four (4) ultrasound guided orthovisc injections, right knee, 1 injection given once weekly for 4 weeks as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) ultrasound guided orthovisc injections, right knee, 1 injection given once weekly for 4 weeks as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) www.odg-twc.com; Section: Knee&Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Acid Injections, pages 311-313.

Decision rationale: There is no recent x-ray findings reported. The patient had noted schedule for arthroscopic surgery in May. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Submitted reports have not demonstrated clear supportive findings for the injection request nor identified failed conservative trial with therapy, medication, cortisone injection with functional improvement of at least 6 months from prior injections rendered in terms of decreased pharmacological profile, treatment utilization or increased ADLs. The Four (4) ultrasound guided orthovisc injections, right knee, 1 injection given once weekly for 4 weeks as an outpatient is not medically necessary and appropriate.