

Case Number:	CM15-0109125		
Date Assigned:	06/16/2015	Date of Injury:	08/26/2013
Decision Date:	07/14/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/05/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery

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 71 year old male who sustained an industrial injury on 8/26/13. The mechanism of injury is unclear. He currently complains of multifocal musculoskeletal pain and dysfunction regarding the right shoulder, left knee and triggering of the right ring finger. He had a right rotator cuff repair without significant improvement. He has left knee pain with sitting and standing and can hardly walk. On physical exam, the right shoulder elevation is restricted; triggering of the right ring finger is noted; the left knee is tender especially medially with crepitation. Medications are Tramadol, cyclobenzaprine. Diagnoses include right shoulder joint pain, rotator cuff syndrome, status post right rotator cuff repair; status post right carpal tunnel release; cervical and lumbar degenerative disc disease; osteoarthritis of the left knee; morbid obesity. Treatments to date include physical therapy; medications; home exercise program. On 3/4/15, the treating provider requested an ultrasonically guided orthovisc injection into the left knee three times per week for three weeks. He discussed with the injured worker hyaluronic therapy with or without ultrasonic guidance in the 3/4/15 progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasonically guided injection orthovisc into the left knee 3 x week in 3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Hyaluronic acid injections.

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

Decision rationale: CA MTUS/ACOEM is silent regarding the request for viscosupplementation for the knee. According to the ODG Knee and leg chapter, Hyaluronic acid injection, it is indicated for patients with documented severe osteoarthritis of the knee and patients who have failed 3 months of conservative non-pharmacologic (e.g. exercise) and pharmacologic treatments or are intolerant of these therapies. It states that it is generally performed without fluoroscopic or ultrasound guidance. There is lack of documentation from 3/4/15 why ultrasound guidance is required for a routine knee injection. Therefore, the request is not medically necessary.