

Case Number:	CM15-0133641		
Date Assigned:	07/21/2015	Date of Injury:	05/27/2000
Decision Date:	08/18/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/10/2015

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:

This injured worker is a 44 year old female who reported an industrial injury on 5/27/2000. Her diagnoses, and or impression, were noted to include: degenerative left knee joint disease. No current imaging studies were noted. Her treatments were noted to include: surgery; multiple conservative treatment modalities; use of cane; medication management with the successful weaning off of Hydrocodone; viscosupplementation injections (11/2014) with a successful 90-95% relief; and modified work duties. The progress notes of 6/11/2015 reported increasing stiffness and pain, with decreased motion and increased pain in left knee and limp. Objective findings were noted to include the obvious wearing off of the viscosupplementation injections from 11/2014 with a slight varus deformity, slight extension lag, trace effusion, and marked tenderness, with crepitus, in the medial left knee. The physician's requests for treatments were noted to include a series of Orthovisc injections to the left knee, in the effort to delay costly and risky knee replacement surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Orthovisc 2mg Injections to Left Knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg (Acute & Chronic): Hyaluronic acid injections (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 396. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter and pg 35.

Decision rationale: According to the guidelines, Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (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, although the claimant does not meet all the criteria above, she has undergone conservative therapy, and suffered from osteopchondritis dessicans which can accelerate degeneration of the knee as noted in recent notes. According to the ACEOM guidelines injections are optional Based on the presenting symptoms and the claimant's baseline history with compounding injury, the injections are appropriate in this case.