MAXIMUS Federal Services

Case Number:	CM15-0138701		
Date Assigned:	07/28/2015	Date of Injury:	10/14/2005
Decision Date:	08/26/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/17/2015

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, Pain Management

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 69-year-old female, who sustained an industrial injury on 10/14/2005. Diagnoses include right knee severe tricompartmental osteoarthrosis and right patellofemoral syndrome. Treatment to date has included diagnostics and orthovisc injections. Per the Primary Treating Physician's Progress Report dated 5/12/2015 and 7/06/2015, the injured worker reported right knee pain. Physical examination revealed extension of -15 and flexion of 90. The plan of care included, and authorization was requested for 3 orthovisc injections for the right knee and a varus knee osteoarthrosis brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc series, Right Knee, Qty 3: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Hyaluronic acid injections.

Decision rationale: Regarding the request for Orthovisc injections, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Guidelines go on to state that the injections are generally performed without fluoroscopic or ultrasound guidance. ODG states that if there is significant improvement in symptoms for 6 months or more, and symptoms recur, it may be reasonable to do another series. Within the documentation available for review, there is documentation of previous hyaluronic acid injections. However, there is no documentation of significant improvement in symptoms and function for at least 6 months after the previous injections. In the absence of such documentation, the currently requested Orthovisc injections are not medically necessary.