

Case Number:	CM15-0138783		
Date Assigned:	07/22/2015	Date of Injury:	01/29/2013
Decision Date:	08/20/2015	UR Denial Date:	06/19/2015
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: Massachusetts

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:

This 61 year old male sustained an industrial injury to the right knee on 1/29/13. Previous treatment included right knee arthroscopy (5/15/14), physical therapy, Synvisc injections times three, Viscosupplementation injections and medications. In an orthopedic surgery PR-2 dated 6/11/15, the injured worker complained of right knee pain rated 7/10 on the visual analog scale associated with weakness, giving way and swelling. Physical exam was remarkable for varus alignment of the right knee wit decreased range of motion and tenderness to palpation. The injured worker's knee was stable to varus and valgus stress. The injured worker was intact distally. Current diagnoses included right knee sprain/strain and history of prior right knee arthroscopy. The physician noted that the injured worker had Viscosupplementation injections in February 2015 and still had pain. Therefore he did not think further injections would help for a prolonged period of time. The physician was recommending right total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation injections with Orthovisc x 3: 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), 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 & Leg (Acute & Chronic): Hyaluronic acid injections.

Decision rationale: The claimant sustained a work-related injury in January 2013 and continues to be treated for right knee pain. He underwent right knee arthroscopy in May 2014 followed by post-operative physical therapy. Synvisc injections are referenced as being done in February 2015 and when seen on 06/11/15 further injections were not being recommended with the assessment referencing moderate knee osteoarthritis and a failure of conservative treatments. An x-ray of the knee in February 2015 showed findings of only mild osteoarthritis. A total knee replacement was recommended. When seen, there was decreased knee range of motion with crepitus. Ibuprofen was prescribed and authorization for another series of viscosupplementation injections was requested. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement. A repeat series of injections can be considered if there is a documented significant improvement in symptoms for 6 months or more and the symptoms recur. In this case, the claimant had no apparent improvement after the previous series of injections done less than 6 months before and a repeat series is not medically necessary.