

Case Number:	CM15-0140759		
Date Assigned:	07/30/2015	Date of Injury:	07/03/2014
Decision Date:	08/27/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/20/2015

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:

The injured worker (IW) is a 61 year old female who sustained an industrial injury on 07/03/2014. She reported tripping and falling onto her knees and wrist. She also twisted her back and feet. The injured worker was diagnosed as having: Lumbosacral sprain; Sciatica; Left knee contusion; and Sprain/strain left ankle. With later working diagnoses of: Lumbosacral strain. Rule out herniated nucleus pulposus; Left wrist sprain; Left ankle-foot sprain; Rule out internal derangement, right knee; and Rule out internal derangement, left knee. Treatment to date has included acupuncture, aquatherapy, and medications. Diagnostic MRI of the low back showed moderate disc degenerative disease of the lumbar spine, most prominent at L4-L5. MRI of the right knee showed a small joint effusion and no tea. A MRI of the left knee showed no meniscal tear, but a small joint effusion and a partial thickness cartilage defect in the central patella, and a moderate grade partial thickness cartilage defect in the central trochlear groove. Currently, the injured worker complains of pain in bilateral knees on the patella, low back, and bilateral ankles. The pain and symptoms have decreased with aquatherapy. She has increased her activities of daily living, decreased her med intake, and increased her range of motion. Objectively the treatment plan of care includes Chiropractic care for her low back and viscosupplementation for her knee injuries. A request for authorization was made for the following: Orthovisc injection series of 3 injections to left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection series of 3 injection to left knee: 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 and Leg (update 5/5/15), Online version.

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 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 [REDACTED] 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 there was a cartilaginous defect on MRI likely contributing to the effusion and crepitus. The claimant did not meet all the criteria for arthritis as above and there were more meniscal findings on exam than arthritic. The request for 3 Synvisc injections is not necessary.