

Case Number:	CM15-0189877		
Date Assigned:	10/02/2015	Date of Injury:	04/30/2008
Decision Date:	11/16/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/28/2015

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

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 56-year-old female who sustained an industrial injury on April 30, 2015. A recent primary treating visit dated September 04, 2015 reported "unchanged" subjective complaints. Current medications noted: Cymbalta, and Zipsor. The plan of care is with recommendation for Orthovisc injection #3 right knee, Vicodin, continue Cymbalta, and progress with chiropractic session. Primary treating office visit dated August 03, 2015 reported chief subjective complaint of "pain complaints in the neck, bilateral knees, right shoulder and right wrist." The pain is described as "burning, achy, throbbing, shooting, radiating, numbing, pressure and deep." Current medication stated Gralise. There is note of pending authorization for: Flector patches, and Fioricet. Previous treatment to involve: activity modification, medication, chiropractic care, consultations, injections, physical therapy. There is note of Orthovisc injection #4 given January 2012. On March 17, 2015, the worker underwent Orthovisc injection #3 to the right knee with noted, "greater than 50% decrease in pain." The following diagnoses were applied to this visit: headache, neck strain and sprain, right shoulder strain and sprain and adhesive capsulitis, degenerative joint disease, knee, and chronic pain syndrome. There is note of medications with denials. Primary follow up dated March 17, 2015 reported chief subjective complaint of "pain complaints in the neck, right knee, and right shoulder pain." Current medication regimen consisted of: Gralise, Flector patch, Cymbalta, and Zipsor. On September 08, 2015 a request was made for Orthovisc injection to right knee times three that was noncertified by Utilization Review on September 15, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injection for the right knee x 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 and 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 & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections.

Decision rationale: The current request is for ORTHOVISC INJECTION FOR THE RIGHT KNEE X 3. Previous treatment includes activity modification, medication, chiropractic care, consultations, Orthovisc injections, and physical therapy. The patient is permanent and Stationary. It is not clear if the patient has returned to work. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections states: Recommended, as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), too potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. Criteria for Hyaluronic acid injections: Generally performed without fluoroscopic or ultrasound guidance; Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. Per report 09/04/15, the patient presents with pain complaints in the neck, bilateral knees, right shoulder and right wrist. Examination revealed diffuse tenderness of the bilateral knee. Listed diagnoses include headache, neck sprain/strain, right shoulder sprain/strain, DJD knee, and chronic pain syndrome. The treater states that the patient has osteoarthritis of the knee with functional deficits, and prior Orthovisc injection from 03/17/15 produced "greater than 50% decrease in pain." The treatment plan included 3 Orthovisc injections to the right knee. The patient has had 3 Orthovisc injections in the past with the most recent injection providing 50% pain relief. ODG guidelines state that there is no difference between 3 or 6 consecutive Orthovisc injections. The patient has already had 3 injections, and the current request for additional injection is not in accordance with guideline recommendations. Therefore, the request IS NOT medically necessary.