

Case Number:	CM15-0195466		
Date Assigned:	10/09/2015	Date of Injury:	04/30/1993
Decision Date:	11/19/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/05/2015

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 male who sustained an industrial injury April 30, 1993. Diagnoses are bilateral lumbar radiculopathy; headache, spinal, post-operative; depression; knee-lower leg degenerative joint disease, arthritis; failed back lumbar syndrome. According to a treating physician's progress notes dated September 20, 2015, the injured worker presented with increased pain in the left knee and low back pain radiating to the bilateral lower extremities and described as remains the same. The physician documented that past Orthovisc injections helped him for more than 6 months. Physical examination revealed; 6'6" and 331 pounds; lumbar spine- anterior lumbar flexion causes pain and pain with extension- motor strength is grossly normal; diffuse left peripatellar tenderness. On September 20, 2015, the injured worker underwent electronic analysis, refill of intrathecal pump, new infusion rate and reprogramming of pump. Treatment plan included to continue with gym exercises on a regular basis, compliance with CURES, medication prescribed; Percocet, Neurontin, and ibuprofen, and at issue, a request for authorization for three (3) Orthovisc injection to the left knee. According to utilization review dated September 24, 2015, the request for (3) Orthovisc injections to the left knee are non- certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) Orthovisc injections to the 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 (ODG) Knee & Leg (Acute & chronic), Hyaluronic acid injections 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (acute and chronic) Chapter, under Hyaluronic Acid Injections.

Decision rationale: The current request is for Three (3) orthovisc injections to the left knee. Treatment history includes injections, physical therapy and medications. The patient is not working. MTUS Guidelines are silent on Orthovisc injections. ODG Guidelines, Knee and Leg (acute and chronic) Chapter, under Hyaluronic Acid Injections state that they are "recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs, or acetaminophen), to potentially delay total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best." ODG further states that the study assessing the efficacy of intra-articular injections of hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found that results were similar and not statistically significant between treatment groups, but HA was somewhat superior to placebo in improving in knee pain and function, with no difference between 3 or 6 consecutive injections. ODG guidelines require 6 months before the injections can be repeated. According to report 09/20/15, the patient presents with increased pain in the left knee and lower back. There is no physical examination of the knee in any of the reports from 09/20/15 through 04/02/15. The treater states that the patient had 3 Orthovisc injections in the past which helped "approximately 50-60%. He was able to do more functionally." The patient's last injection was on 03/28/15. Over the last month the pain has returned, and the treater recommended another course of 3 injections. ODG guidelines support repeat series of injections for "those who got relief and then had recurrence more than six months later." This patient has had less than 6 months of relief following the prior series of injections and repeat injections would not be supported. Furthermore, the review of records do not show a clear radiographic evidence of "severe osteoarthritis" for which these injections are indicated. The request is not medically necessary.