

Case Number:	CM15-0198186		
Date Assigned:	10/13/2015	Date of Injury:	12/22/2013
Decision Date:	11/20/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/08/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 on 12-22-2013. A review of the medical records indicated that the injured worker is undergoing treatment for primary osteoarthritis of the bilateral knees. The injured worker is status post arthroscopy and partial medial meniscectomy of the left knee on 09-23-2014. According to the treating physician's progress report on 09-21-2015, the injured worker continues to experience localized joint pain and stiffness. No effusion or warmth noted and examination was unchanged. According to a progress note on 04-08-2015, the injured worker had improvement with previous injections and starting to wear off. Examination on 04-08-2015 noted left knee was worse than the right knee with pain on palpation located medially with flexion documented at 110 degrees and extension 5 degrees with some crepitus and an antalgic gait. Prior treatments have included diagnostic testing, surgery, physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs), Orthovisc injections times 3 bilaterally in 01-2015. No medications were noted related to the injury. Treatment plan consists of the current request for 6 Orthovisc injections to the bilateral knees. On 09-25-2015 the Utilization Review determined the request for 6 Orthovisc injections to the bilateral knees were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Orthovisc injections to the bilateral knees: 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 (Acute and Chronic) 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 and leg chapter, Hyaluronic acid injection.

Decision rationale: CA MTUS/ACOEM is silent regarding the request for viscosupplementation for the knee. According to the ODG Knee and leg chapter, Hyaluronic acid injection, it is indicated for patients with documented severe osteoarthritis of the knee and patients who have failed 3 months of conservative nonpharmacologic (e.g. exercise) and pharmacologic treatments or are intolerant of these therapies. As there is no documentation of failed conservative therapy and radiographic documentation of severe osteoarthritis in the exam note from 9/21/15, the determination is not medically necessary.