MAXIMUS Federal Services

Case Number:	CM15-0025608		
Date Assigned:	02/18/2015	Date of Injury:	04/15/2014
Decision Date:	04/06/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/10/2015

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, Washington
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:

The injured worker is a 63-year-old male who reported injury on 04/15/2014. The mechanism of injury was not provided. The documentation of 01/27/2015 revealed the injured worker was following up on right knee pain. The objective findings reveal swelling and tenderness to palpation. The range of motion was within normal limits. The injured worker had crepitus. The documentation indicated the injured worker was to follow-up to discuss osteoarthritis. The documentation indicated the injured worker underwent x-rays that revealed degenerative joint disease and the x-rays were abnormal. The diagnosis was left knee osteoarthritis. The treatment plan included exercises and NSAIDs. The injured worker was noted to have a well-placed, stable prosthesis following and arthroplasty. The injured worker underwent an MRI of the right lower extremity on 06/24/2014, which revealed a tear of the posterior horn of the medial meniscus to the anterior margin with tear of the body medial meniscus and medial subluxation of the meniscal tissue was noted; the injured worker had fraying of the posterior margin of the anterior and anterior margin of the posterior horn; there was subcutaneous and soft tissue edema with joint effusion and synovitis; there was patellofemoral degeneration; there was heterogeneous, but grossly intact posterior cruciate ligament. There was a Request for Authorization submitted for review dated 01/31/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Orthovisc injections for the right knee, 1 injection per week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 Chapter, Hyaluronic Acid Injections.

Decision rationale: The Official Disability Guidelines indicate that for hyaluronic acid injections of significantly symptomatic osteoarthritis that has not responded adequately to recommended conservative pharmacologic and nonpharmacologic treatment. There should be documentation the injured worker is over 50 and has crepitus. There should be documentation pain interferes with functional activities. There should be documentation of a failure to adequately respond to aspiration and injection of intra-articular steroids and it is generally performed without fluoroscopic or ultrasound guidance. It is not recommended for injured workers who are candidates for a total knee replacement or who have failed previous knee surgery for their arthritis. The clinical documentation submitted for review indicated the injured worker had previously undergone a right knee arthroplasty. The injured worker was over 50. The injured worker was noted to have osteoarthritis. There was a lack of documentation indicating that pain interferes with functional activities and a failure to adequately respond to aspiration and injection of intra-articular steroids. Additionally, there was a lack of documentation indicating the injured worker had failed conservative nonpharmacologic and pharmacologic treatments postoperatively, as the request was made for NSAIDs and exercises. Given the above, the request for Orthovisc injections for the right knee 1 injection per week for 3 weeks is not medically necessary.