

Case Number:	CM15-0030084		
Date Assigned:	02/23/2015	Date of Injury:	09/15/2011
Decision Date:	04/08/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/18/2015

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 66-year-old female, who sustained an industrial injury reported on 9/15/2011. She has reported for follow-up of her right knee degenerative arthritis, complaining of ongoing discomfort. The history notes ongoing right knee pain and stiffness. The diagnoses were noted to have included right knee degenerative arthritis and ongoing pain. Treatments to date have included consultations; diagnostic imaging studies; arthroscopic medial and lateral partial meniscectomies; Synvisc injection therapy; Spartz injection therapy (1/2014); unloader brace; knee sleeve; a recent qualified medical examination; and medication management that includes Voltaren gel. The work status classification for this injured worker (IW) was noted to be temporary total disability. On 2/4/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/27/2015, for 3 Orthovisc injections to the right knee. The Official Disability Guidelines, knee & leg chapter, Hyaluronic acid injections, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection x 3 for the right 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 Chapter, 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 knee and leg chapter on hyaluronic acid injections.

Decision rationale: This patient presents with right knee degenerative arthritis. The treater is requesting Orthovisc injection times three for the right knee. The RFA was not made available for review. The patient's date of injury is from 09/15/2011 and she is currently temporarily totally disabled. The MTUS and ACOEM Guidelines do not address this request. However, the ODG guidelines under the knee chapter on 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, to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best." The records show that the patient received a total of three Supartz injections from January 9, 2014, January 18, 2014 and January 23, 2014. The 03/06/2014 report notes that Supartz was only minimally beneficial to the patient. The documents note an x-ray of the right knee, date unknown that showed moderately severe medial compartment degenerative arthritis. In this case, the patient received three Supartz injection in 2014 that resulted in minimal benefit. The MTUS Guidelines page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain or improve quality-of-life. Given the lack of significant functional improvement while utilizing Supartz, the request for an Orthovisc injection is not warranted. The request IS NOT medically necessary.