

Case Number:	CM15-0035339		
Date Assigned:	03/03/2015	Date of Injury:	07/05/2010
Decision Date:	04/15/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/25/2015

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 58 year old male, who sustained an industrial injury on 7/05/2010. The diagnoses have included pain in joint, lower leg. Treatment to date has included surgical (left knee arthroscopy on 11/10/2010 and right knee arthroscopy on 2/22/2011) and conservative measures. Currently, the injured worker complains of moderate bilateral knee pain, rated 2/10. Bilateral knees were treated with Orthovisc injection every 6 months and steroid injection every 6 months in between. Gait was antalgic, right knee range of motion was 0-90 degrees, and left knee range of motion was 0-100 degrees. Bilateral peripatellar swelling and left knee crepitus were documented. No motor or sensory deficits were noted to bilateral lower extremities. Lumbar range of motion was 50% of expected and no motor deficits were documented. Current medication regime was not noted. Radiographic imaging results were not noted. On 2/03/2015, Utilization Review non-certified a request for an Orthovisc injection, noting the lack of compliance with Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection: 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 and leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee chapter for Hyaluronic acid injections.

Decision rationale: The 2/03/15 Utilization Review letter states the Orthovisc injection requested on the 1/20/15 medical report was denied because the patient had two prior Orthovisc injections but there was no documentation of the amount and duration of the functional benefit, and does not discuss failure of conservative treatment. According to the 1/20/15 physiatry report, the patient presents with bilateral knee pain. He is being managed with Orthovisc injections every 6-months, and in between has steroid injections every 6-months. He essentially receives an Orthovisc injection, then in 3-months later gets the steroid injection, then 3-months after gets the Orthovisc again. Pain is listed as 2/10. Right knee motion is 0-90, left is 0-100. The 10/21/14 report shows ROM as 0-90 right and 0-100 left knee. The 12/18/14 report states the cortisone injection was provided due to the knee pain and his viscoelastic injections are still a few months away. The Orthovisc injection was on 9/25/14. MTUS/ACOEM did not discuss Orthovisc injections, so ODG guidelines were consulted. ODG guidelines for Orthovisc injections direct readers to the Hyaluronic acid injections. ODG-TWC guidelines, Knee chapter for Hyaluronic acid injections (odg updated 2/27/15) Criteria for Hyaluronic Acid injections states injections can be repeated " If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence." In this case, the patient did not have improvement in symptoms for 6 months or more. The records show the patient had return of symptoms within 3-months to the point where cortisone injections were provided. The ODG criteria for repeat hyaluronic acid injections has not been met. Therefore, the request for Orthovisc injection IS NOT medically necessary.