MAXIMUS Federal Services

Case Number:	CM15-0050321		
Date Assigned:	03/23/2015	Date of Injury:	08/08/2013
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/17/2015

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:

This 52 year old male sustained an industrial injury to the right knee on 8/8/13. Previous treatment included magnetic resonance imaging, x-rays, physical therapy, right knee arthroscopy (11/14/14), crutches, home exercise and medication. In the most recent office note submitted for review, dated 12/18/14, the injured worker had attended three physical therapy sessions and reported some stiffness and difficulty in terminal extension. The injured worker wanted to use a cane for prolonged walking. Physical exam was remarkable for right knee with incision clean, dry and intact with mild edema and no erythema, no tenderness to palpation, limited range of motion and quadriceps strength 3/5. Current diagnoses included surgery follow up. The treatment plan included continuing physical therapy. In the physical therapy note dated 1/27/15, the injured worker reported continuing to feel better with prolonged walking and going up and down stairs. The plan of care included ongoing physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided orthovisc injection series to 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 chapter.

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, hyaluronic acid injections.

Decision rationale: This patient has a date of injury of 08/08/13 and presents with chronic knee pain. The patient is status post left knee arthroscopy on 11/14/14. The current request is for ultrasound guided orthovisc injection series to right knee. The ACOEM and MTUS Guidelines do not discuss hyaluronic acid injections. Therefore, we turn to ODG Guidelines for further discussion. ODG under the knee chapter recommends hyaluronic acid injections "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 Utilization review denied the request on 02/19/15 stating that there was no documentation of osteoarthritic changes. The most recent progress report provided for review is dated 12/16/14 and states that the patient has "some stiffness and difficulty in terminal extension." The patient has attended 3 post-operative physical therapy sessions and is doing well. There are no recent imagings provided following the 11/14/14 right knee arthroscopy. The medical file does not include a Request for Authorization, nor does any of the progress reports discuss this request. In this case, there is no evidence of severe osteoarthritis as required by ODG to warrant such injection. This request IS NOT medically necessary.