

Case Number:	CM15-0050456		
Date Assigned:	03/23/2015	Date of Injury:	06/19/2001
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
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:

The injured worker is a 57-year-old male, who sustained an industrial injury on 6/19/2001. The details of the initial injury were not submitted for this review. Diagnoses include right knee varus osteoarthritis. Treatments to date include cortisone injection to the joint and administration of viscosupplementation to the knee. Currently, they complained of progressive right knee pain associated with mild bilateral intermittent swelling. On 2/26/15, the provider documented examination of the right knee revealed crepitation, effusion and positive McMurray sign with tenderness along the joint line medially and laterally. The provider documented previous success with viscosupplementation and a recent failed cortisone injection, therefore requesting three Orthovisc injections to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Orthovisc using ultrasound 1 x week x 3 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effective July 18, 2009, criteria for use of Hyaluronic acid injections. Decision based on Non-MTUS Citation Official disability guidelines (ODG); Work Loss Data Institute, Section: Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelinesknee and leg (acute and chronic), hyaluronic acid injections.

Decision rationale: The patient presents with right knee pain. The request is for right knee orthovisc using ultrasound 1x week x3 weeks. There is no RFA or rationale provided. Per 02/26/15 report, the patient is diagnosed with right knee varus osteoarthritis. Physical examination to the right knee revealed tenderness along the joint line both medially and laterally with crepitation. There is some mild effusion. Range of motion is mildly restricted as well as mild atrophy in musculature. Treatments to date include cortisone injection to the joint and administration of viscosupplementation to the knee. The patient's work status is unavailable. MTUS Guidelines are silent on Orthovisc injections. ODG knee and leg (acute and chronic) guidelines state Hyaluronic acid injections are "recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs, acetaminophen), to potentially delay total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best." ODG further states that the study assessing the efficacy of intraarticular injections of Hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found that results were similar and not statistically significant between treatment groups, but HA is somewhat superior to placebo in improving a knee pain and function, with no difference between 3 or 6 consecutive injections. Per 02/26/15 report, treater states, "patient had a successful viscosupplementation in the past and more recently, has failed a cortisone injection. Diagnostics reveal osteoarthritis changes in the right knee. It has been six months since prior injection." in this case, the patient does present with a clear diagnosis of left knee osteoarthritis. It does appear as though the patient had a prior successful orthovisc injection. The requested ultrasound-guided injection for the right knee is medically necessary.