

Case Number:	CM15-0057264		
Date Assigned:	04/06/2015	Date of Injury:	04/17/2013
Decision Date:	05/14/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/25/2015

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 55 year old male, who sustained an industrial injury on April 17, 2013. The injured worker had reported bilateral knee pain. The diagnoses have included right knee medial and lateral meniscus tears, moderate osteoarthopathy of the right knee, lumbar myofascial pain, osteoarthopathy of the left knee and left knee internal derangement with degenerative joint disease. Treatment to date has included medications, radiological studies, physical therapy, home exercise program, a transcutaneous electrical nerve stimulation unit, Orthovisc injections and left knee surgery Current documentation dated January 22, 2015 notes that the injured worker reported right knee and right wrist and hand pain. The injured worker was status post a series of viscosupplementation to the left knee. The left knee pain was noted to have decreased somewhat. Physical examination revealed tenderness at the medial and lateral joint line, crepitation with range of motion and a painful and decreased range of motion. The treating physician notes that the injured worker's right knee condition was worsening and recommended viscosupplementation. The treating physician's plan of care included a request for a series of three viscosupplementation for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 Viscosupplementation Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg 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 (acute and chronic) chapter, hyaluronic acid injections.

Decision rationale: The patient presents with left knee pain (7/10), right knee pain (6/10) and low back pain (3/10). The request is for SERIES OF 3 VISCOSUPPLEMENTATION RIGHT KNEE. The RFA provided is dated 03/16/15 and the date of injury is 04/17/13. The diagnoses have included right knee medial and lateral meniscus tears, moderate osteoarthopathy of the right knee, lumbar myofascial pain, osteoarthopathy of the left knee and left knee internal derangement with degenerative joint disease. Per 03/12/15 report, physical examination revealed tenderness over the medial and lateral joint line. Crepitance with range of motion assessment; lacks 10 degree extension, flexion 80 degrees with pain. There are no image studies provided for review. Treatment to date has included medications, radiological studies, physical therapy, home exercise program, a transcutaneous electrical nerve stimulation unit, Orthovisc injections and left knee surgery. The patient is temporarily totally disabled. 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 03/12/15 report, treater states, "This is a kind request for reconsideration to proceed with series of 3 viscosupplementation, right knee." ODG recommends viscosupplementation as a possible option for severe osteoarthritis. The treater lists a diagnosis of right knee osteoarthopathy, however there are no corroborating reports provided showing "severe" osteoarthritis. The treater does not reference any imaging studies either. The request IS NOT medically necessary.