

Case Number:	CM14-0126477		
Date Assigned:	09/05/2014	Date of Injury:	09/02/2009
Decision Date:	11/13/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/09/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Minnesota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female with a history of cumulative trauma to her cervical spine in September 2009. The available records indicate severe chronic neck and low back pain rated 8/10 with radicular pain and numbness in the right lower extremity and left upper extremity. She has completed similar pain diagrams a few times. There is a history of bladder/bowel incontinence. She is on Norco, Elavil, and Medrox patches. On examination her gait is severely antalgic and she walks with a quad cane. Diffuse tenderness is documented in the cervical, thoracic, and lumbar areas. There is evidence of radiculopathy documented. However, no physical examination pertaining to the knees or X-ray reports are noted. She has degenerative disc disease of the cervical and lumbosacral spine. Bilateral hip arthralgia and right trochanteric bursitis is also documented. The pain diagrams are consistent with radicular pain and she does not report localized joint pains. The disputed issue pertains to viscosupplementation of both knees. No rationale or documentation pertaining to the knees is submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient series of three (3) orthovisc injections to the bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee;
Topic: Viscosupplementation

Decision rationale: CA MTUS is silent on this topic. Viscosupplementation is an option for patients with severe osteoarthritis of the knees who have not responded to NSAIDs, exercises, acetaminophen or other conservative measures for pain relief. If it works, it can potentially delay the total knee replacement but the gains are usually modest. The available records do not include a detailed knee exam or imaging studies. The pain diagrams are not consistent with osteoarthritis of the knees but are suggestive of radicular symptoms. No radiology reports are included. Based upon the information submitted the guidelines do not recommend viscosupplementation. Therefore the request for Orthovisc injections x3 for each knee is not medically necessary.