

Case Number:	CM14-0167951		
Date Assigned:	10/15/2014	Date of Injury:	04/01/1992
Decision Date:	11/18/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/13/2014

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 Emergency Medicine and is licensed to practice in California. 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:

Patient with reported date of injury on 4/1/1992. No mechanism of injury was provided for review. Patient has a diagnosis of bilateral knee degenerative joint disease. Medical reports reviewed. Last report available until 10/20/14. Many of the progress notes are very brief. Patient complains of bilateral knee pains, current right knee pain is poorly controlled. Patient reports that Celebrex is no longer helping. Objective exam reveals pain with flexion and extension. Client's Appley test is positive. Patient had reported orthovisc injections to right knee on 2011 and 2013. No recent imaging studies provided for review. Last magnetic resonance imaging (MRI) of left knee is from 1992. No medication list was provided for review. The only medication noted is Celebrex. Independent Medical Review is for right knee Orthovisc injections #3. Prior UR on 9/23/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Orthovisc Injections Quantity Requested: 3.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee 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 (ODG) <Knee>, <Hyaluronic Acid injections>

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic pain or American College of Occupational and Environmental Medicine (ACOEM) guidelines does not adequately have any specific sections that deal with this topic. Official Disability Guidelines(ODG) recommend it as an option in osteoarthritis in situations where conservative treatment has failed to manage the pain and to delay total knee replacement. The benefits are transient and moderate at best. It is recommended for severe arthritis and to prevent surgery such as total knee replacement. Basic criteria are:1)Severe osteoarthritis: Fails criteria. The provider has failed to provide any imaging or any documentation as to severity of arthritic disease. 2)Failure to adequately respond to steroid injection. Fails criteria. Pt has had steroid injections in the past that appears to improve pain. Documentation does not properly document pain control and response.3)Failure of pharmacologic and conservative therapy. Documentation fails to meet this criteria. Provider has failed to provide documentation of medications and prior pharmacologic therapy. There is no noted physical therapy, home exercise or any conservative therapy. Patient fails multiple criteria to recommend Orthovisc injection. Orthovisc injection is not medically necessary.