

Case Number:	CM14-0219125		
Date Assigned:	01/09/2015	Date of Injury:	03/22/2014
Decision Date:	03/12/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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 female, who was injured on March 22, 2014, while performing regular work duties. She injured her left knee. She is diabetic. The injured worker has received treatment including Toradol injections which were used in lieu of cortisone, knee bracing, physical therapy, radiological imaging, and a home exercise program. The records indicate she was prescribed Naprosyn on June 13, 2014. The records indicate she was prescribed Acetaminophen on June 18, 2014. The records do not indicate failure of these medications. The request for authorization is for Orthovisc injections, times three (3), for the left knee. The primary diagnosis is osteoarthritis of the lower leg. On December 3, 2014, Utilization Review non-certified the request for Orthovisc injections, times three (3), for the left knee, based on MTUS, Chronic Pain Medical Treatment, and ODG guidelines, citing no documentation of tried and failed anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Orthovisc Injections for The Left Knee: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg chapter, hyaluronic acid injections

Decision rationale: The patient presents with left knee pain. The request is for 3 ORTHOVISC INJECTIONS for the left knee. The utilization review determination rationale states that treating provider indicates that the claimant has not undergone a corticosteroid injection due to being diabetic. There is no documentation that antiinflammatory medications have been tried and failed. As such, the request is recommended for noncertification at this time due to lack of documentation of lower levels of care including the use of antiinflammatory medications for at least 3 months. MTUS Guidelines are silent on Orthovisc injections. ODG Knee and Leg 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. Review of the reports provided does not indicate if the patient has had a prior Orthovisc injection to the left knee. The patient has positive swelling, positive crepitus, and positive tenderness along the medial aspect. She has a decreased range of motion for her left knee. The 11/24/2014 report states that the patient has tried, PT, naproxen, unloader brace, and Toradol injection to the knee X-ray showed degenerative joint disease. In this case, it appears that the patient has tried several measures of conservative therapy and is diagnosed with left knee severe medial compartment osteoarthritis. Therefore, the requested 3 Orthovisc injections for the left knee IS medically necessary.