

Case Number:	CM14-0092595		
Date Assigned:	07/25/2014	Date of Injury:	05/20/2008
Decision Date:	06/11/2015	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/18/2014

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 63 year old male, who sustained an industrial injury on 5/20/08. He reported back and bilateral knee pain. The injured worker was diagnosed as having degenerative disc disease of lumbar spine, lumbar radiculopathy, facet osteoarthritis and ongoing knee complaints. Treatment to date has included micro-lumbar decompressive surgery bilaterally at L4-5, oral medications including Norco and Flexeril, physical therapy and home exercise program. (MRI) magnetic resonance imaging of lumbar spine performed on 6/27/12 revealed 2mm retrolisthesis L3-4, L4-5 and L5-S1 with degenerative disc disease throughout lumbar spine and disc height loss, anterior spondylosis and end plate marrow change. Currently, the injured worker complains of ongoing low back pain, bilateral knee complaints and foot complaints rated 5/10. Physical exam noted diminished sensation over the left S1 dermatome. The treatment plan included a request for Orthovisc injections for both knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Orthovisc Injection Series for 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 (ODG) Knee & Leg (Acute & Chronic); Hyaluronic Acid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee, Hyaluronic Acid Injections, pages 311-313.

Decision rationale: Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Submitted reports have not demonstrated clear supportive clinical findings or imaging of severe osteoarthritis for the injection request. Additionally, while Hyaluronic intra-articular injections may be an option for severe osteoarthritis, it is reserved for those with failed non-pharmacological and pharmacological treatments or is intolerant to NSAIDs therapy not demonstrated here. The Unknown Orthovisc Injection Series for the Bilateral Knees is not medically necessary and appropriate.