MAXIMUS Federal Services

Case Number:	CM15-0018361		
Date Assigned:	02/06/2015	Date of Injury:	03/01/1990
Decision Date:	03/25/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/30/2015

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: Emergency Medicine

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 female who sustained an industrial injury to the left knee on March 1, 1990. There was no mechanism of injury documented. The injured worker was diagnosed with chronic low back pain and osteoarthritis of the left knee. A Magnetic resonance imaging (MRI) performed on September 18, 2014 demonstrated a small joint effusion and full-thickness cartilage loss in the medial patellar facet with mild subjacent reactive bone marrow edema. According to the primary treating physician's progress report on December 4, 2014, the injured worker was evaluated for progressive pain behind the left knee with tenderness across the medial joint line and in the posterior fossa. Treatment modalities consist of TED stockings, transcutaneous electrical nerve stimulation (TEN's), aquatic therapy and medications which are Feldene, Lidoderm Patches and Glucosamine. The treating physician requested authorization for 4 Ultrasound Guided Orthovisc Injections. On January 9, 2015 the Utilization Review denied certification for 4 Ultrasound Guided Orthovisc Injections. According to the Utilization Review, The Medical Treatment Utilization Schedule (MTUS) does not provide recommendations for this request therefore the Official Disability Guidelines (ODG) was consulted in the decision process.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 ultrasound guided orthovisc injections: 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 & 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 Knee

Decision rationale: The MTUS Chronic pain or ACOEM guidelines do 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: Meets imaging criteria but fails other functional and exam criteria.2) Failure to adequately respond to steroid injection. Fails criteria. No prior injections are noted.3) Failure of pharmacologic and conservative therapy. Documentation fails to meet this criteria. Patient appears able to perform pool exercise and there is no documentation of interference with activity of daily living. There is no noted physical therapy or any conservative therapy.4) Series of 3 injections is not supported by evidence. Fails criteria. Patient fails multiple criteria to recommend Orthovisc injection. Orthovisc injection is not medically necessary.