

Case Number:	CM15-0121620		
Date Assigned:	07/02/2015	Date of Injury:	04/26/2009
Decision Date:	07/31/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/23/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 59 year old male, who sustained an industrial injury on 4/26/09. Initial complaints were not reviewed. The injured worker was diagnosed as having torn medial meniscus knee; right knee posterior horn medial meniscus tear and tri-compartmental osteoarthritis with patellofemoral scarring and plica; left knee radial tear of the medial meniscus and patellofemoral chondromalacia. Treatment to date has included physical therapy; acupuncture; chiropractic therapy; right knee cortisone injection (2/11/15); knee brace; cane; medications. Diagnostic studies included a MRI right knee (6/5/13). Currently, the PR-2 notes dated 3/20/15 indicated the injured worker complains of ongoing bilateral knee pain, left shoulder pain and right elbow pain. On exam, he ambulates with the assistance of a single-point cane. He has some swelling in his right knee. The provider lists his medications as Nucynta 50mg, Omeprazole 20mg, and Atenolol. He notes a clinical history of right knee arthroscopy (7/1/14); right knee posterior horn medial meniscus tear and tri-compartmental osteoarthritis with patellofemoral scarring and plica; left knee radial tear of the medial meniscus and patellofemoral chondromalacia; right shoulder rotator cuff tendinitis and possible tear; left shoulder rotator cuff tendinitis and impingement syndrome with supraspinatus tear and chronic right lateral epicondylitis. The provider documents he is treating the injured worker for bilateral knee pain as a result of medial meniscus tears and tricompartmental arthritis with severe chondromalacia. His right shoulder is accepted, but he does not have pain in it. He has pain in his left shoulder and right elbow, but these are not accepted body parts. He has a right knee arthroscopy in 2014 and continues home exercise, but symptomatic. His orthopedic surgeon has

since retired and another orthopedist is following his knee complaints. A recent steroid injection (no date) was ineffective and the orthopedist did not feel surgery would be beneficial. He recommended rehabilitation. The injured worker is interested in surgery for the left knee and would like a second opinion. The provider's treatment plan included Orthovisc injections (six) to bilateral knees with ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) orthovisc injections to bilateral knees with ultrasound guidance: 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-TWC), Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hyaluronic Acid injections- ODG knee chapter and pg 35.

Decision rationale: According to the guidelines Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee according to [REDACTED] criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³); Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids; Generally performed without fluoroscopic or ultrasound guidance; Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement (Wen, 2000); Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence; In this case, the claimant does have exam findings and history consistent with knee pain degeneration. The claimant's records do not indicate meeting all the arthritis criteria above. More importantly, the use ultrasound guided injections is not routinely performed. As a result, the request above is not medically necessary.