MAXIMUS Federal Services

Case Number:	CM15-0172852		
Date Assigned:	09/15/2015	Date of Injury:	05/16/2014
Decision Date:	10/21/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/02/2015

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, Hawaii
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 57 year old male who sustained an industrial injury on 5-16-14. Diagnosis was osteoarthritis, status post right knee arthroscopy (5-22-15). He currently (8-4-15, 2 months post-operative right knee arthroscopy) complains of a dull, grinding sensation in the knee, pain and discomfort. Per the progress note he is making slow and steady progress. On physical exam of the right knee there was patellofemoral crepitation, decreased range of motion, mild effusion varus angulation of the lower extremity with joint line tenderness both medially and laterally with crepitation. Diagnostics included MRI of the right knee (3-18-15) showing deficient lateral meniscus, cruciate ligament degeneration, partial thickness tear, joint effusion and synovitis, degenerated medial meniscus. Treatments to date include right knee arthroscopy. In the progress note dated 8-4-15 the treating provider's plan of care included a request for a series of hyaluronic acid injections of the right knee, one per week for four weeks as he documents that the injured worker has failed conservative measures and has 50% joint space remaining. The request for authorization dated 8-17-15 indicates right knee orthovisc injection once per week for four weeks using ultrasound guidance. On 8-26-15 utilization review evaluated and modified the request for a series of four orthovisc injections to the right knee a week apart with ultrasound guidance to a series of four orthovisc injections to the right knee a week apart based on the fact that a skilled physician can easily perform the intraarticular injections with anatomic landmarks alone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound (for Series of 4 Orthovisc injections, Right Knee, 1 per wk for 4 wks): 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 - Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg (Acute & Chronic), Hyaluronic acid injections.

Decision rationale: The patient presents with dull, grinding sensation in the knee, pain and discomfort. The current request is for Ultrasound (for Series of 4 Orthovisc injections, right knee, 1 per week for 4 weeks). The treating physician states, in a report dated 08/04/15, "I would like to request authorization for the patient to undergo a series of hyaluronic acid injections for the knee. Four injections will be given one week apart". (24B) A UR decision letter dated 08/26/15 has modified the request to orthovisc injections only as "the use of ultrasound guidance for injections is unnecessary and not supported by the guidelines". (3A) The MTUS guidelines are silent on Hyaluronic acid injections. ODG guidelines state, "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. Generally performed without fluoroscopic or ultrasound guidance". In this case, the treating physician, based on the records available for review, states "The patient is aware that he has some osteoarthritis of the knee as displayed on MRI and arthroscopic imaging. He has failed conservative measures at this point in time". (23B) The ODG guidelines do not support ultrasound when performing Orthovisc injections. The current request is not medically necessary.