

Case Number:	CM15-0172913		
Date Assigned:	09/15/2015	Date of Injury:	03/16/2007
Decision Date:	10/15/2015	UR Denial Date:	08/11/2015
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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 39-year-old male, who sustained an industrial injury on 3-16-07. Medical record indicated the injured worker is undergoing treatment for osteoarthritis of right knee. Treatment to date has included Visco supplementation (with good results). Currently on 7-6-15, the injured worker reports increasing discomfort over the lateral joint line as well as at the patellofemoral joint. He is currently not working due to another unrelated injury. Physical exam performed on 7-6-15 noted localized tenderness over the lateral joint line with no significant effusion and mild crepitation at the patellofemoral joint with motion. The treatment plan included request for authorization for Visco supplementation injections. On 8-11-15, utilization review non-certified 3 Visco supplementation injections noting there is no documentation of advanced tibiofemoral osteoarthritis without which the efficacy of viscosupplementation injection has not been established and the extent of duration from previous injections is not documented.

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 right knee (1 injection per week for 3 weeks): 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, Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter/Hyaluronic Acid Injections Section.

Decision rationale: The MTUS Guidelines do not address the use of Orthovisc or other hyaluronic acid injections. The ODG recommends the use of hyaluronic acid injection as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments for at least three months to potentially delay total knee replacement. The use of hyaluronic acid injections is not recommended for other knee conditions, and the evidence that hyaluronic acid injections are beneficial for osteoarthritis is inconsistent. In this case, the injured worker had orthovisc injections two years ago with stated relief. However, the extent of the efficacy of those treatments is not documented. There is no indication from the medical documentation if the criteria in the ODG have been established to warrant this treatment. The request for 3 orthovisc injections for the right knee (1 injection per week for 3 weeks) is determined to not be medically necessary.