

Case Number:	CM15-0065490		
Date Assigned:	04/13/2015	Date of Injury:	06/04/2009
Decision Date:	05/12/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/06/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 58-year-old male who sustained an industrial injury on 6/4/09. The injured worker reported symptoms in the neck and back. The injured worker was diagnosed as having right lumbar radiculopathy, lumbar facet arthropathy, bilateral knee degenerative disc disease and cervical radiculopathy. Treatments to date have included injections, bracing, acupuncture treatment, physical therapy, oral pain medication, proton pump inhibitor, and nonsteroidal anti-inflammatory drugs. Currently, the injured worker complains of neck and lower back pain. The plan of care was for left knee orthovisc injections and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Orthovisc Injections time 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hyaluronic acid injections, <http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Hyaluronicacidinjections>.

Decision rationale: According to ODG guidelines, Hyaluronic acid injections is, "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." In this case, there is no evidence of osteoarthritis. There is no clear evidence of failure of conservative therapies. Furthermore, there is no clear need to repeat right knee injection without documentation of efficacy of previous injections. Therefore, the Series of 3 Orthovisc injections for left knee is not medically necessary.