

Case Number:	CM15-0069782		
Date Assigned:	04/17/2015	Date of Injury:	01/16/2004
Decision Date:	05/18/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/13/2015

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 female, who sustained an industrial injury on January 16, 2014. The injured worker was diagnosed as having bilateral knee degenerative disc disease (DDD), bilateral ankle degenerative joint disease (DJD), bilateral carpal tunnel syndrome and right wrist degenerative joint disease (DJD). Treatment and diagnostic studies to date have included acupuncture, physical therapy, ankle braces, medications and Orthovisc injections. A progress note dated March 3, 2015, provides the injured worker complains of wrist and hand pain and knee pain worse than before and ankle pain better than before. She rates her knee pain 6-7/10 on the left and 0/10 on the right. She ambulates with a walker longer than without it. She has been approved for aqua therapy but has not begun therapy. Physical exam notes knee tenderness on palpation but no pain with range of motion (ROM). The plan includes start aqua therapy, electromyogram, injections and oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Series of Orthovisc Injections for Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Knee chapter and Hyaluronic injections pg 34.

Decision rationale: 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 American College of Rheumatology (ACR) 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 recent exam of the knees shows no swelling, deformity, effusion, erythema or ecchymosis. The claimant does have x-ray findings of DJD. There is no information regarding synovial fluid findings, ESR or Rheumatoid factor. Information regarding timing and length of stiffness is not available. The criteria for Orthovisc injection is not met and is not medically necessary.