

Case Number:	CM15-0073039		
Date Assigned:	04/23/2015	Date of Injury:	06/30/2005
Decision Date:	06/11/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/16/2015

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 64 year old male, who sustained an industrial injury on 6/30/05. He reported initial complaints of knee pain after a fall injury. The injured worker was diagnosed as having osteoarthritis of knee; knee pain. Treatment to date has included status post bilateral knee arthroscopies; status post left femur fracture repair; Synvisc One; medications. Currently, the PR-2 notes dated 2/2/15 indicate the injured worker was seen on this date for bilateral knee pain. The injured worker presents with a cane as an assistive device. He noted history of left femur fracture and bilateral knee arthroscopies; also has a history of Polio. He states the right knee pain is greater than the left with constant aching pain and symptoms included fatigue, sleep disturbances, stiffness, swelling, tingling, and weakness. The symptoms increase with activity, climbing stairs and ice and decrease with medications. The injured worker states he has had injections into bilateral knees without any relief. (Synvisc One was prescribed 4/16/14). Pain levels are noted as 9/10. On physical examination there is vascular insufficiency and skin discoloration of the left lower extremity. The injured worker has a history of DVT in the left lower extremity. Current medications are hydrocodone-acetaminophen, and warfarin. The provider has requested an Injection of Orthovisc, series of three, in treatment of the left knee (2/3/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection of Orthovisc, series of three, in treatment of the left knee: 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 and Leg Chapter, Criteria for Hyaluronic Acid injections.

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

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 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; see Repeat series of injections above. In this case, the claimant had x-ray findings of degenerative changes on 2/5/15. On 2/2/15 the claimant exam findings was notable for swelling, weakness. Other findings on exam or subjective complaints were not noted that meet the criteria above. In addition, the claimant had injections before that did not provide benefit. The request for injections is not medically necessary.