

Case Number:	CM15-0098785		
Date Assigned:	06/01/2015	Date of Injury:	05/11/2007
Decision Date:	06/30/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/21/2015

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: Texas, Florida, 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 57 year old male who sustained an industrial injury on 05/11/2007. Current diagnoses include degenerative joint disease and osteoarthritis to the right knee status post right knee arthroscopy. Previous treatments included medication management, right knee surgery, and injection. Previous diagnostic studies include an MRI of the right knee. A 5-14-15 request for services notes the claimant has had three injections. Report dated 05/19/2015 noted that the injured worker presented with complaints that included ongoing pain, limping, and episodes of catching and loud popping as well as swelling. It was noted that Orthovisc injections in the past have helped to improve pain by 70-80% and allow for better functioning. Pain level was 7-8 out of 10 on a visual analog scale (VAS). Physical examination was positive for crepitation and popping, pain with palpation of the medial and lateral joint line, and 1+ effusion. The treatment plan included administration of the 3rd Orthovisc injection to the right knee and follow up in four week. Disputed treatments include right knee Orthovisc injection x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee Orthovisc injection, quantity: 1: 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, 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, under Hyalgan/Synvisc Knee Injections.

Decision rationale: This claimant was injured now 8 years ago. There is degenerative knee disease. There is ongoing pain, limping and episodes of catching. Orthovisc injections in the past have helped to improve pain by 70 to 80%. There have been 3 injections thus far, per the records provided. The MTUS is silent on these injections. The ODG note these injections are recommended as an option for osteoarthritis. They note that patients with moderate to severe pain associated with knee osteoarthritis OA that is not responding to oral therapy can be treated with intra-articular injections. The injections are for those who experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications). Injection over three and up to six per ODG have no added benefit. This patient also has no documentation of failure of standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications). The request is not medically necessary per the ODG criteria.