

Case Number:	CM14-0111214		
Date Assigned:	08/01/2014	Date of Injury:	01/19/2012
Decision Date:	09/03/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55 year old with an injury date on 1/19/12. The patient complains of progressively worsening pain in left knee, and mildly improved right knee with pain rated 5-9/10 per 6/17/14 report. Patient currently has difficulty walking more than 10 minutes due to her left knee per 6/17/14 report. Based on the 6/17/14 progress report provided by the physician the diagnoses are: Symptomatic osteoarthritis of left knee and Postoperative stiffness and weakness, status post right total knee replacement and arthrofibrosis. The exam on 6/17/14 showed left knee range of motion restricted, with minus 10 degrees of extension to 95 degrees of flexion. Right knee extends to minus 3 degrees, and flexes to 95 degrees. There is +4/5 knee flexion/extension strength, otherwise normal range of motion and strength throughout lower extremities. the physician is requesting ultrasound guidance left knee orthovisc 15mg/ML; 2ML injection 1x wk for 3 weeks. The utilization review determination being challenged is dated 6/27/14. The physician is the requesting provider, and he provided treatment reports from 12/24/13 to 7/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guidance Left Knee Orthovisc 15MG/ML; 2ML Injection 1x wk for 3 wks:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Compensation Online Edition Chapter Knee & Leg Hyaluronic Acid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC guideline has the following regarding hyaluronic acid injections:
(<http://www.odg-twc.com/odgtwc/knee.htm#Hyaluronicacidinjections>).

Decision rationale: This patient presents with bilateral knee pain and is s/p left knee replacement of unspecified date. The treater has asked for ultrasound guidance left knee orthovisc 15mg/ML; 2ML injection 1x wk for 3 weeks on 6/17/14. Review of the report shows no evidence of prior Orthovisc injections being administered. Regarding hyaluronic acid injections, ODG recommends 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. In this case, the patient suffers from severe arthritis of the knees and an orthovisc injection would be indicated. However, ODG knee chapter does not recommend ultrasound guided injections, as conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance is only recommended if there is an anatomic difficulty, or failure with first attempt. Recommendation is for denial.