

Case Number:	CM14-0102328		
Date Assigned:	07/30/2014	Date of Injury:	08/17/2013
Decision Date:	09/29/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	07/02/2014

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 Family Medicine 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:

This is a 53-year-old female patient who reported an industrial injury on 8/17/2013, 13 months ago, attributed to the performance of her customary job tasks. Partial medial meniscectomy and trochlear chondroplasty. The patient has received a corticosteroid injection and has been prescribed NSAIDs. The objective findings on examination included medial and lateral joint line tenderness; small effusion noted to the left knee; range of motion of 0-135 . The MRI of the left knee prior to the surgical intervention demonstrated evidence of a complex flap tear in the body in posterior horn of the medial meniscus. There was a 1.3 cm osteochondral body sing-along the posterior joint line. Mild patella for moral chondromalacia was noted with a grade 3 condo lost in the central trochlear. Patient has been provided with 12 sessions of postoperative rehabilitation physical therapy. The treatment plan included Orthovisc injections to the left knee times three.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injections Series For Left Knee Quantity: Three: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Knee and Leg/Hyaluronic Acid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-39 240. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter--Hyaluronic acid injections.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 13 Knee Complaints, page 337-39 240 and on the Non-MTUS Official Disability Guidelines (ODG) Knee chapter-Hyaluronic acid injections. The Expert Reviewer's decision rationale: The request for authorization of the Orthovisc injections is not supported with objective evidence not demonstrated to be medically necessary for the treatment of probable early degenerative joint disease as recommended by the CA MTUS and the Official Disability Guidelines. The patient is diagnosed with knee osteoarthritis, however it is not clear by the provided clinical notes what conservative treatment has been attempted, by the patient in relation to the bilateral knee prior to the request for viscosupplementation. There is no objective evidence provided to support the medical necessity of viscosupplementation directed to patellofemoral syndrome or chondromalacia. The objective findings on examination are consistent with patellofemoral syndrome, which is not recommended to be treated with viscosupplementation. It is not clear that the patient has participated in a self-directed home exercise program for conditioning and strengthening in relation to the knees. It is not clear from the current documentation that the appropriate conservative treatment has taken place prior to the prescription of viscosupplementation. There is no demonstrated medical necessity for the Orthovisc injection to the left knee status post arthroscopy. The Official Disability Guidelines recommend viscosupplementation as indicated for patients who "Experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications). Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement. Younger patients wanting to delay total knee replacement." There is no demonstrated medical necessity for the requested Orthovisc injections times three directed to the left knee.