

Case Number:	CM14-0149264		
Date Assigned:	09/18/2014	Date of Injury:	12/16/1996
Decision Date:	10/22/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/15/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 65 year old female with a work injury dated 12/16/96. The diagnoses include a left knee tear lateral meniscus loose bodies status post 11-7-12 debridement, synovectomy and meniscectomy. Under consideration is a request for orthovisc injection for the left knee times three. There is a primary treating physician report dated 8/20/14 that states that states that the patient has severe left knee pain. On exam she walks with a limp. There is swelling, and a 1+ knee effusion. There is valgus alignment of the left knee with crepitus. There is a tender tri compartment. The range of motion is +10 to -110. The right knee is 0-120. The left quadriceps is 4. The treatment plan includes knee physical therapy (PT) and repeat orthovisc injections. Per a 7/14/14 document recent radiographs of the left knee do demonstrate some degree of degenerative changes, mild-to-moderate degenerative joint disease with the remaining cartilage intervals of 2-3 mm in the medial compartment and 3 mm of the lateral compartment. An MRI of the left knee performed January 31, 2014, revealed multiple loose bodies, at least three, measuring 7-9 mm in diameter with another -4 mm loose body present.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection for the left knee times three: 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 Official Disability Guidelines (ODG) Knee and Leg chapter, Hyaluronic acid injections

Decision rationale: Orthovisc injection for the left knee times three is not medically necessary per the ODG Guidelines. The MTUS does not address Orthovisc injections. The MTUS is silent on hyaluronic acid injections. The ODG states that the criteria for Hyaluronic acid injections include that the patient must significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g. exercise) treatments after 3 months. In addition to this, there needs to be documented symptomatic severe osteoarthritis of the knee according the 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). The criteria also state that pain must interfere with functional activities. The patient has failed to respond to aspiration and injection of intra-articular steroids; injections are performed without fluoroscopic or ultrasound guidance. Patient is not currently candidate for total knee replacement or who has failed previous knee surgery for their arthritis. The documentation does not indicate that the patient meets the definition of severe osteoarthritis of the knee according to the American College of Rheumatology which requires 5 out of the 9 ACR signs as stated above. Furthermore, the documentation is not clear outcome of prior knee injections. The request for Orthovisc injection for the left knee times three is not medically necessary.