MAXIMUS Federal Services

Case Number:	CM13-0014942		
Date Assigned:	03/10/2014	Date of Injury:	09/30/2010
Decision Date:	04/21/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/21/2013

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 Orthopedic Surgery, and is licensed to practice in Texas. 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 68-year-old male who reported an injury on 09/30/2010. The mechanism of injury was not provided. The note dated 09/11/2013 indicated the patient reported his left knee pain was getting worse. Upon examination of the left knee, range of motion was 5 to 105 degrees. There was tenderness to palpation of the medial joint line and along the side of the patellar tendon. It was noted the left knee was stable. There was no clear McMurray's. There was no calf pain noted. The diagnoses provided were right knee - status post total knee arthroplasty; carpal tunnel syndrome; internal derangement of knee, unspecified; pain - joint involved hand; lumbar sprain; severe central canal stenosis; osteoarthritis unspecified, lower leg; sprain/strain, lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOVISC INJECTION TO THE LEFT KNEE, 1 INJECTION PER WEEK FOR 3 WEEKS: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), KNEE & LEG, HYALURONIC ACID INJECTIONS

Decision rationale: The California MTUS/ACOEM does not address Orthovisc injection to the knee. However, the Official Disability Guidelines (ODG) state hyaluronic acid are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercises, non-steroidal anti-inflammatory drugs (NSAIDs), or acetaminophen), to potentially delay total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best. The criteria for hyaluronic acid injections is patients must experience significantly symptomatic osteoarthritis, but have not responded adequately to recommended conservative non-pharmacological (e.g., exercise) and pharmacological 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, which may include: bony enlargement; bony tenderness; crepitus (noisy, grating sound) on active motion; less than 30 minutes of morning stiffness; no palpable warmth of synovium; over 50 years of age; 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; 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. The records submitted for review included documentation that the patient had complaints of left knee pain that was getting worse, range of motion of 5 to 105 degrees, tenderness to palpation of the medial joint line and along the side of the patellar tendon, and a diagnosis of osteoarthritis unspecified lower leg. However the records submitted for review failed to include documentation that the patient had not responded adequately to the recommended conservative non-pharmacological and pharmacological treatment, or was intolerant of those therapies, documentation that the pain interferes with functional activities, documentation of failure to adequately respond to aspiration and injection of intra-articular steroids, and failed to include documentation that the patient was not currently a candidate for a total knee replacement or had failed previous knee surgery for arthritis. As such, the request for Orthovisc injection to the left knee, 1 injection per week for 3 weeks, is not supported. Therefore, the request is non-certified.