MAXIMUS Federal Services

Case Number:	CM13-0021233		
Date Assigned:	12/27/2013	Date of Injury:	09/16/2011
Decision Date:	02/27/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in Hawaii.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 physician 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 patient is a 47 year old male employee with date of injury of 9/16/2011. A review of his progress note dated 8/1/2013 identifies ongoing treatment for left knee chondromalacia. Objective findings include positive patellofemoral crepitation to left knee, equivocal McMrray exam, mild effusion, mild restriction in ROM, normal ligament and varus/valgus examination. Subjective complaints include "pain and discomfort to knee." Treatment plan has included "underwent arthroscopy in February 2012 with a significant amount of medial meniscus removed" and ultrasound guided cortisone injection on 4/24/2013. The utilization review determination was rendered on 8/15/2013 recommending non-certification of ultrasound guided orthovisc injections x3 to the left knee, which was requested on 8/1/2013. Additional documentation reviewed for 8/29/2013 when [redacted] prescribed physical therapy for right knee "2x/week for 4 weeks".

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided orthovisc injections x3 to the left knee: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-352. Decision based on Non-MTUS Citation Official Disability Guidelines Knee Chapter, section on Hyaluronic acid injections.

Decision rationale: ACOEM Guidelines state that "Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection." The Official Disability Guidelines (ODG) recommend Hyaluronic acid injections for patients who "experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic 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 the following: 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." A medical note dated 8/1/2103 does state that the patient "underwent cortisone injection to address degenerative changes and chondromalacia; however there was no improvement." However, no other documentation indicated whether the patient was unsuccessful with other treatments. A medical note dated 8/1/2103 also indicates that the patient "underwent arthroscopy in February 2012 with a significant amount of medial meniscus removed. " The ODG states that "This RCT found there was no benefit of hyaluronic acid injection after knee arthroscopic meniscectomy in the first 6 weeks after surgery, and concluded that routine use of HA after knee arthroscopy cannot be recommended". Additionally, ODG states that Hyaluronic acid injections "Generally performed without fluoroscopic or ultrasound guidance". As such, the request for Ultrasound guided orthovisc injections x3 is not medically necessary and appropriate.