

Case Number:	CM13-0027376		
Date Assigned:	11/22/2013	Date of Injury:	11/12/1997
Decision Date:	03/11/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/20/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 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:

The patient is a 61 year female who reported an injury on 11/12/1997. The mechanism of injury information was not provided in the medical record. Clinical information submitted for review is all handwritten and illegible. The undated physician progress report provided in the medical record revealed the patient reported gradual worsening of symptoms in her bilateral knees and feet. The patient complained of buckling and giving away of both knees the right worse than the left. Per this report, there was a MRI of left knee dated 05/09/2012 which indicated there was a tear of the posterior horn of the medial meniscus consisting of a radial tear that was continuous with a vertical longitudinal component. Also noted on the MRI was the distal aspect of the anterior cruciate ligament was mildly bald suggesting prior partial anterior substance tear and mild degeneration of the articular cartilage of the medial patellar facet and of the medial femoral condyle with small marginal osteophytes about all 3 components of the knee. Radiographs of bilateral knees revealed osteoarthritic changes. –

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knees orthovisc. Injections X6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Procedure Summary.

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, Hyaluronic acid injections.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS ACOEM does not address Orthovisc injections. The Official Disability Guidelines state hyaluronic acid injections are recommended 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, but in recent quality studies the magnitude of improvement appears modest at best. Much of the provided clinical documentation is illegible, and the report that was legible did not provide any documentation of any conservative therapies the patient have attempted without success. There is no documentation of any medication therapy, and/or any other conservative therapies used. As such, the Orthovisc injections bilaterally cannot be proven medical necessary at this time. Therefore, the request for bilateral knees Orthovisc injections x6 is non-certified.