MAXIMUS Federal Services

Case Number:	CM13-0032485		
Date Assigned:	12/11/2013	Date of Injury:	04/02/2007
Decision Date:	02/03/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/21/2013

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 Orthopedic Surgery 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 62 year old male who reported an injury on 04/02/2007. The mechanism of injury information was not provided in the medical record. The patient's diagnosis was osteoarthritis of the right knee. Review of the medical record revealed the patient has previously received 3 series of the requested Orthovisc injections. The first series was done in February 2012, the second February 2013, and the third in November of 2013. The clinical note dated November 21, 2013 stated the patient received the 3rd injection of the series to the right knee. Right knee extension was -2, flexion 120 degrees. Crepitus and pain were appreciated with motion, moderate effusion was noted, and there was tenderness to palpation about the joint line. Upon reviewing all clinical notes on dates of each injection, the objective clinical findings were identical. No significant changes were noted from the injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections times 3 to right 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 (ODG) Knee and Leg, Hyaluronic acid injections

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: Official Disability Guidelines state a recommendation for a repeat series of hyaluronic injections if documented significant improvement in symptoms for 6 months or more, and symptoms recur. There is no objective clinical documentation of there being any significant improvement in symptoms for the patient. The patient received his 3rd injection of his 3rd series on 11/21/2013, which is less than the 6 months of relief recommended by guidelines. There is an insufficient amount of clinical documentation of the patient's level of pain, and functional capabilities. The patient has already received 2 series of the requested injections, one series in 2012 and the other 2013. The clinical documentation to support the medical necessity of an additional series of Orthovisc injections was not provided in the medical record. As such, the request for Orthovisc injections times 3 to right knee is non-certified.

Osteoarthritis brace straps for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 334-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee brace.

Decision rationale: California MTUS / ACOEM guidelines do not address Osteoarthritis brace straps specifically. If does state, a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. Official Disability Guidelines recommend valgus knee braces for knee OA. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. There is no clinical documentation provided in the medical record suggestive that the patient is participating in any rehabilitation programs at this time. There is not any objective finding documented of the patient having any varus or valgus alignment of the knee, and/or anterior and posterior instability of the knee. As such the medical necessity for brace straps has not been proven; therefore, the request for OA brace straps for the right knee is non-certified.