

Case Number:	CM13-0039648		
Date Assigned:	01/15/2014	Date of Injury:	02/22/2011
Decision Date:	06/06/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/07/2013

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 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 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 an employee of the [REDACTED] and has submitted a claim for pain in the left knee and right shoulder associated with an industrial injury date of February 22, 2011. The treatment to date has included arthroscopic examination, partial lateral meniscectomy, debridement of articular cartilage under the patellofemoral joint and unstable articular cartilage in the lateral femoral condyle, and microfracture of the lateral femoral condyle (February 13, 2013), physical therapy, home exercise program, and medications which include Norco, Flexeril, and Feldene. The medical records from 2012-2013 were reviewed the latest of which dated September 17, 2013 which revealed that the patient had left knee pain which continued to be bothersome. The patient had soreness when standing for a prolonged period of time. The patient also reported that it would swell. The pain awakened the patient at night. The pain was located in the anterior and lateral aspects of the knee. On physical examination, the patient demonstrated range of motion of the left knee at near full extension and 120 degrees flexion. There was small effusion present. The patient had no ligamentous instability but did open slightly laterally. There was patellofemoral tenderness noted. The patient has more lateral joint line tenderness. The utilization review from September 24, 2013 denied the request for orthovisc injection left knee series of 3 because documentation does not describe failure of other more conservative approaches to address the knee, such as physical therapy or intra-articular steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOVISC INJECTION LEFT KNEE SERIES OF 3: Overturned

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 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 Chapter, Hyaluronic Acid Injection.

Decision rationale: California MTUS does not address viscosupplementation; however, Official Disability Guidelines state that viscosupplementation injections are recommended in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; or is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; or a younger patient wanting to delay total knee replacement; and failure of conservative treatment; and plain x-ray or arthroscopy findings diagnostic of osteoarthritis. In this case, the patient presented with positive objective findings of effusion, tenderness, and limitation of motion of the left knee; with a radiologic diagnosis of degenerative arthritis. The patient likewise complained of persistent left knee pain despite the arthroscopic surgery, physical therapy, and intake of medications. The medical necessity for Orthovisc injection has been established. A series of 3 injections is routinely administered when using Orthovisc before assessment of response. Therefore, the request for orthovisc injection left knee series of 3 is medically necessary.