

Case Number:	CM13-0051700		
Date Assigned:	01/15/2014	Date of Injury:	01/20/2009
Decision Date:	04/07/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/14/2013

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 48-year-old air-conditioning technician who sustained a left knee injury on 1/20/09 when he twisted his left knee coming off a ladder; the knee popped and then buckled. He is status post left knee arthroscopy with partial medial meniscectomy on 7/25/11 and left endoscopic anterior cruciate ligament reconstruction with mid third bone-patellar tendon-bone autograft on 5/4/12. Records indicate that post-operative treatment has included physical therapy, home exercise, and a knee brace. The 9/24/13 treating physician report stated that the left knee was slightly better and the knee brace was required for activities. Mild to moderate discomfort was reported, aggravated by prolonged standing, pushing, pulling, or walking. Exam findings documented knee range of motion 0-140 degrees, some medial joint line tenderness, stable to Lachman testing, and no pivot shift laxity. A request for Orthovisc injections one time per week for 4 weeks to the left knee was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection, once a week for four weeks to the left knee: Overturned

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)

Decision rationale: The Official Disability Guidelines (ODG) recommends hyaluronic acid injections (three to four injections of Orthovisc) as an option for osteoarthritis. ODG Guidelines state there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Criteria for these injections include significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications). Guideline criteria for Orthovisc injections have been met. There was documentation that this patient had significantly symptomatic osteoarthritis, based on the intra-operatively documented cartilage deficit and the failure of medications, restricted activities, physical therapy and bracing. Reasonable pharmacologic and non-pharmacologic treatments as an aggregate had been tried and failed overall. The request for Orthovisc injections once per week for 4 weeks to the left knee is medically necessary and appropriate.