MAXIMUS Federal Services

Case Number:	CM13-0059866		
Date Assigned:	12/30/2013	Date of Injury:	01/18/2011
Decision Date:	05/15/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/02/2013

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 Medicine and is licensed to practice in Florida. 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 injured worker is a 56-year-old female who reported an injury on 01/18/2011. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her left shoulder and bilateral knees. Treatment history to the left shoulder included physical therapy, corticosteroid injections, medications, and surgical intervention. The injured worker's treatment history for the knees included physical therapy, a home exercise program, activity modifications, and bilateral knee braces. The injured worker as evaluated on 09/27/2013. It was documented that the bilateral knees were examined. The physical examination of the left knee documented limited range of motion described as 0 to 120 degrees with painful patellofemoral crepitus and no evidence of patellar instability. The injured worker had a positive McMurray's test producing medial and lateral joint line pain with tenderness to palpation over the medial and lateral joint lines with 4+/5 quad and hamstring strength. The evaluation of the right knee documented limited range of motion described as 0 to 120 degrees with mildly painful patellofemoral crepitus and no evidence of stability. The injured worker had 4+/5 quadriceps and hamstring strength. The injured worker's diagnoses included left knee status post patella fracture with persistent patellofemoral chondromalacia patella, right knee contusion with persistent chondromalacial patella, proximal patellar tendinosis of the left knee, left knee joint effusion with suprapatellar plica/synovitis, left elbow lateral epicondylitis, status post left shoulder arthroscopic subacromial decompression with extensive debridement of the partial rotator cuff tear and superior labral tear. The injured worker's treatment plan included continuation of a home exercise program, additional physical therapy for the bilateral knees, and Orthovisc injections for the bilateral knees, 3 injections once a week for 3 weeks for therapeutic purposes to decrease pain and increase function.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERIES OF THREE ORTHOVISC INJECTIONS FOR THE BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Hyaluronic Acid Injections.

Decision rationale: California Medical Treatment Utilization Schedule does not address the use of hyaluronic acid injections. Official Disability Guidelines recommend hyaluronic acid injection for injured workers who have significant symptomatic osteoarthritis and has not adequately responded to conservative measures with documentation upon physical examination of physical evidence of severe osteoarthritis. The clinical documentation submitted for review does not provide any evidence that the injured worker has severe osteoarthritis that significantly limits her ability to participate in activities of daily living and limits her functionality. The Official Disability Guidelines do not recommend hyaluronic acid injections for other indications to include chondromalacia patella. The injured worker is diagnosed with chondromalacia patella. Therefore, hyaluronic acid injections would not be appropriate for this injured worker. As such, the requested bilateral knee Orthovisc injections are not medically necessary or appropriate.