MAXIMUS Federal Services

Case Number:	CM13-0067859		
Date Assigned:	01/03/2014	Date of Injury:	06/20/2012
Decision Date:	04/09/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/18/2013

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 Texas and Nebraska. 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 24 year old male who was injured on 06/20/2012 while he was setting a pole and kicked a Persuader wrench to set the pole and developed sharp pain in the right knee. Prior treatment history has included supine terminal quadriceps, exercises up to maximum of 15 repetitions per day, and physical therapy. The patient underwent arthroscopy, chondroplasty patella, limited synovectomy for Plica, and limited resection inner edge medial meniscus on 06/25/2013. Diagnostic studies reviewed include MRI of the right knee performed 02/14/2013 revealed probable small peripheral superior corner tear of the medial meniscus body at the attachment of the meniscofemoral ligament deep fibers of the medial collateral ligament and lateral patellar subluxation without obvious chondromalacia. The patient had a bone scan which is suggestive for reflex sympathetic dystrophy. MRI of the right knee performed 12/19/2013 revealed internal degeneration in the posterior horn of the medial meniscus, without definite focal tear. Follow-up note dated 07/17/2013 revealed on exam moderate effusion; antalgic gait using a cane; range of motion is 5-105 degrees. His prescribed medication was Vicodin 5-500 mg tabs. Follow-up note dated 08/21/2013 documented the patient to have complaints of continued pain. Objective findings on exam revealed a theatrically antalgic gait to the right; knee range of motion is 0-122 degrees; no effusion. His medications were Norco 10-325 mg tabs, take 1-2 every 4-6 hours as needed for pain, 5 days; Vicodin 5-500 mg tabs

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc series of three injections for the 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 & Leg

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: According to the ODG, Hyaluronic Acid Injections are recommended as a possible option for patients with severe osteoarthritis that have not responded adequately to recommended conservative treatments or to potentially delay total knee replacement. There is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain) benefiting from the procedure. The most recent MRI dated 12/19/2013 reports the cartilage to be adequate in all joint compartments. The patient has not been diagnosed with OA and therefore does not meet the initial criteria for this type of injection.