MAXIMUS Federal Services

Case Number:	CM13-0069645		
Date Assigned:	01/17/2014	Date of Injury:	07/12/2013
Decision Date:	05/29/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/23/2013

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 has submitted a claim for right knee pain with an industrial injury date of July 12, 2013. The treatment to date has included medications, physical therapy, and a right knee diagnostic arthroscopy with debridement and partial medial and lateral meniscectomies. The medical records from 2013 were reviewed, which showed that the patient complained of right knee pain. On physical examination, post-operative wounds were pristine but there was slight effusion of the right knee. There was crepitation but no meniscal signs were noted. His calf was soft and non-tender. The medical report also stated that extensive osteoarthritis was discovered at the time of the surgery. A right knee MRI (magnetic resonance imaging) without contrast dated 9/12/13 showed a large meniscal root tear involving the posterior horn of the medial meniscus; questionable small horizontal tear in the posterior horn of the lateral meniscus; degenerative intrasubstance signal throughout large segments of the medial and lateral menisci; edema-like signal abnormality in the medial soft tissues around the knee compatible with mild sprain/strain; joint effusion; a 6mm Baker's cyst; osteoarthritis with spurs and cartilage thinning in all three compartments; and a subchondral cyst in the distal femur overlying the femoral notch. The utilization review from December 9, 2013 denied the request for right knee Orthovisc injections x 3 (once weekly x 3 weeks) because there was limited documented evidence of significant degenerative joint disease and surgical intervention was under active consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ORTHOVISC INJECTIONS X3 (ONCE A WEEK FOR THREE WEEKS): 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 Chapter, Hyaluronic acid injections, and the American College of Rheumatology (ACR).

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 injections.

Decision rationale: The CA MTUS does not address viscosupplementation; however, the Official Disability Guidelines (ODG) states that viscosupplementation injections are recommended in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic 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; and failure of conservative treatment; and plain x-ray or arthroscopy findings of osteoarthritis. In this case, although arthroscopy showed findings of extensive osteoarthritis, there was no discussion regarding failure of conservative management, including non-pharmacologic and pharmacologic treatments. Moreover, the patient had just undergone knee surgery five months prior, and there was no discussion regarding failure of the surgery. There was also no discussion regarding the need for a total knee replacement in the future. There is no clear indication for viscosupplementation; therefore, the request for right knee Orthovisc injections once a week for three weeks is not medically necessary.