Case Number:	CM14-0003157		
Date Assigned:	01/31/2014	Date of Injury:	12/03/1999
Decision Date:	06/19/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/09/2014

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 Physical Medicine & Rehabilitation 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 injured worker reported an injury on 12/03/1999. The mechanism of injury was not provided in the clinical documentation submitted. The provided clinical notes were handwritten and largely illegible. The clinical note dated 12/18/2013 reported the injured worker had not received or been approved for viscosupplementation injections. The injured worker underwent a left knee MRI on 11/05/2013 which showed mild chondromalacia patella medial patellar facet and severe medial compartment narrowing. The provider requested for Orthovisc injection for right knee 3 injections. The documentations submitted were largely ineligible.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOVISC INJECTIONS FOR RIGHT KNEE 3 INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: The documentation submitted was handwritten and largely ineligible. The injured worker had not received or been approved for viscosupplementation injections. The

injured worker underwent a left knee MRI on 11/05/2013 which showed mild chondromalacia patella medial patellar facet and severe medial compartment narrowing. The Official Disability Guidelines recommend Hyaluronic acid injections as a possible option for severe osteoarthritis for injured workers who have not responded adequately to recommended conservative treatment to potentially delay total knee replacement. The guidelines also note while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome, patellar knee pain. The guidelines note injured workers should have documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. Injured workers should have pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease and there should be evidence of failure to adequately respond to aspiration and injection of intra-articular steroids. Within the documentation it appeared the injured worker had mild chondromalacia patella which does not meet the guideline recommendations. In addition there is lack of objective findings indicating the injured worker has symptomatic severe osteoarthritis. There was a lack of documentation demonstrating the injured worker had pain which interfered with activity. Therefore, the request for Orthovisc injection for right knee 3 injections is not medically necessary and appropriate.