

Case Number:	CM14-0005114		
Date Assigned:	01/24/2014	Date of Injury:	09/19/2013
Decision Date:	06/09/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/14/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 sustained an injury to the right knee on 09/23/13 while walking to work and fell on her knees. The injured worker notified her employer and was referred for treatment. A doctor's first report of occupational injury or illness dated 09/23/13 reported that the injured worker stated her pain was a 10/10 on the Visual Analogue Scale (VAS). The pain was aggravated by walking, standing, and sitting. Activities of daily living were painful or difficult for this injured worker to perform to include combing her hair, dressing, lifting, typing, driving, physical activity, and restful sleep. An MRI of the right knee without contrast dated 10/31/13 revealed moderate patellar chondromalacia. The injured worker was diagnosed with a right knee contusion, back sprain, and rib cage strain. She was recommended for four visits of physical therapy. It was noted that the injured worker continued to work regular duty. The injured worker was recommended to an orthopedic specialist. Physical examination noted antalgic gait favoring the right knee, no deformities or effusion; mild swelling; tenderness to palpation at the medial and lateral joint line; range of motion 0 to 130 degrees with pain and crepitus; no instability with range of motion; patellar grind positive; light touch intact in the L4 through S1 distribution; 5/5 ankle, hallux plantar and dorsa flexion strength. The injured worker was then placed on modified duty as of 12/06/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOVISC INJECTIONS X3 TO THE RIGHT KNEE TO BE ADMINISTERED ONE INJECTION A WEEK FOR 3 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, Criteria For Hyaluronic Acid Injections.

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

Decision rationale: The request for Orthovisc injections once a week for three weeks, to the right knee, is not medically necessary. The previous request was denied on the basis that there was no definitive evidence of patella femoral space knee osteoarthritis and a detailed recent conservative treatment protocol trial/failure had not been submitted. The Official Disability Guidelines state that treatment with Hyaluronic acid injections should be limited to injured workers who experience significantly symptomatic osteoarthritis, but have not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatments or are intolerant of these therapies after at least three months. There must be documented symptomatic severe osteoarthritis of the knee, and that the injured worker has failed to adequately respond to aspiration and injection of intraarticular steroids. Given the clinical documentation submitted for review, medical necessity of the request for Orthovisc injections once a week for three weeks has not been established.