

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0008413 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 08/30/2013 |
| Decision Date: | 07/03/2014 | UR Denial Date: | 01/11/2014 |
| Priority: | Standard | Application Received: | 01/22/2014 |

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 and Rehabilitation and is licensed to practice in Illinois. 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 38-year-old male with a reported date of injury on 11/09/2009. The injured worker presented with complaints of postoperative right knee pain with weakness worse at night. According to the documentation dated 11/21/2013, the injured worker rated his pain at a 4/10. The clinical documentation dated 01/22/2014, revealed the injured worker rated his pain at 2/10. According to the clinical documentation available for review the injured worker has participated in physical therapy. The physician indicated the injured worker tolerated physical therapy well and continued to progress in strengthening with pain relieving modalities. On physical examination, the injured worker's range of motion revealed right knee flexion to 110 degrees. The injured worker's diagnoses include status post open left tibial fibular fracture, status post removal of external fixation from the left tibia, left foot Morton's neuroma, right knee internal derangement with probable medial meniscal tear with intermittent locking by history, chondromalacia of the patella, right foot subtalar arthritis, and status post right knee arthroscopy. Injured worker's medication regimen included Norco and Relafen. The Request for Authorization for a series of 3 injections of Orthovisc for the right knee was not submitted. In addition, the rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERIES OF 3 INJECTIONS OF ORTHOVISC 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), Criteria for Hyaluronic.

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, Hyaluronic Acid Injections.

Decision rationale: According to the Official Disability Guidelines, hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments and to potentially delay total knee replacement. Osteoarthritis of the knee is a recommended indication. There is insufficient evidence for other conditions including patellofemoral arthritis, chondromalacia patella, osteochondritis, or patellofemoral syndrome. In addition, the guidelines recommend that hyaluronic acid injections should be performed with fluoroscopic or ultrasound guidance. In addition, the guidelines state that a repeat series of injections may be reasonable if there is documented significant improvement in symptoms for more than 6 months or more. According to the documentation provided for review, the injured worker has participated in physical therapy with good results. In addition, the injured worker has a diagnosis of chondromalacia patella right knee; however, the guidelines do not recommend the use of hyaluronic injections for the diagnosis. Furthermore, hyaluronic injections should be performed utilizing fluoroscopic or ultrasound for placement. The request as submitted failed to provide the use of fluoroscopic or ultrasound guidance. Therefore, the request for the series of 3 injections of Orthovisc for the right knee not medically necessary.