MAXIMUS Federal Services

Case Number:	CM14-0101707		
Date Assigned:	07/30/2014	Date of Injury:	05/19/2014
Decision Date:	08/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/01/2014

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, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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 59-year-old with a reported date of injury on May 19, 2014. The mechanism of injury was reportedly caused when the worker was exercising at work and felt a sharp pain. The injured worker had previous right knee surgery in the 1990s. The injured worker's diagnoses include medial compartment arthritis. Upon physical examination, the injured worker presented with difficulty squatting, the right knee showed varus alignment in the standing position, range of motion revealed flexion to 140 degrees. The injured worker presented with medial joint line tenderness and no meniscal signs. The x-rays of the bilateral lateral view of the right knee revealed no soft tissue abnormality, no ossifications or calcifications. There was severe medial joint space narrowing and mild osteophyte formation. The injured worker's medication regimen was not provided within the documentation available for review. The treatment plan includes anti-inflammatory medications and an unloader brace, as well as viscosupplementation and physical therapy. The request for authorization for Orthovisc times 3 for the right knee was submitted on June 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three orthovisc 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.

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: The Official Disability Guidelines state that criteria for hyaluronic acid injections include patients experiencing significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic exercise and pharmacologic treatment, or are intolerant of these therapies after at least 3 months and documented symptomatic severe osteoarthritis of the knee which may include the following: bony enlargement; body tenderness; crepitus; less than 30 minutes of morning stiffness; no palpable warmth of synovium; and over 50 years of age; pain interferes with functional activities, failure to adequately respond to aspiration, and injection of intra-articular steroids. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis, or patellofemoral arthritis. The clinical information provided for review lacks documentation related to conservative care to include physical therapy or exercise. There is a lack of documentation related to the pain interfering with functional activities. The clinical information provided for review lacks documentation related to the utilization of a VAS (visual analog scale) pain scale. Therefore, the request for three orthovisc injections for the right knee is not medically necessary or appropriate.