MAXIMUS Federal Services

Case Number:	CM14-0101763		
Date Assigned:	07/30/2014	Date of Injury:	12/10/2011
Decision Date:	09/24/2014	UR Denial Date:	05/29/2014
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 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:

Medical records reflect the patient is a 60 year old female who sustained a work injury on 12-10-11. On 4-23-14 it is noted the patient reports constant aching left knee pain rated as 4/10. She has been treated with physical therapy. She had an MRI of the left knee performed on 8-18-12 that showed advanced chondromalacia patella, mild degenerative osteophytosis. She had been offered a cortisone injection in the past but declined. She was provided with acupuncture. On exam, she had tenderness to palpation at the patellofemoral joint, medial joint line and lateral joint line, range of motion was decreased and she had crepitus with range of motion. The strength was 5. The x-rays show mild to moderate degenerative changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injection, Left Knee x 3: 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) Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter - Hyaluronic acid injections.

Decision rationale: ODG reflects that Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. Medical Records reflect the patient has mild to moderate degenerative changes. She has not failed first line of treatment as required in order to consider Synvisc injections. She has declined in numerous occasions cortisone injections. Based on the records provided, the medical necessity of this request is not established, as the patient does not meet criteria per current treatment guidelines. Therefore, the request for Orthovisc Injection to the left knee X 3 is not medically necessary.