

Case Number:	CM14-0103565		
Date Assigned:	08/01/2014	Date of Injury:	01/28/2013
Decision Date:	10/02/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/03/2014

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 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:

This is a patient with a date of injury of January 28, 2013. A utilization review determination dated June 26, 2014 recommends non-certification for Orthovisc injections for the right knee. Non-certification was recommended due to lack of documentation of arthritis, failed conservative treatment, and failed steroid injection. An MRI of the right lower extremity dated April 15, 2013 identifies tri-compartmental osteoarthritis most pronounced and moderate to severe in the lateral femorotibial compartment. There is also a bucket handle tear of the medial meniscus with a flipped fragment. There is also a near complete tear of the anterior crucial ligament. A progress note dated January 27, 2014 identifies subjective complaints indicating that the patient is status post ACL reconstruction with loss of motion, knee pain, and "proud screw". The patient developed pneumonia and was hospitalized twice. Objective examination findings revealed restricted range of motion in the right knee. The diagnoses include right knee ACL (illegible). The treatment plan indicates that the patient has pneumonia and appears to indicate that the screw will be removed in the OR when the patient improves. A progress report dated June 2, 2014 identifies subjective complaints of locking with the knee. The patient is currently in physical therapy which is "helping." Objective examination findings identify range of motion is 0-130 with pain at the extremes, crepitus, and tenderness at the patellofemoral joint. Diagnoses include ACL tear status post reconstruction, knee pain, and osteoarthritis of the knee. The treatment plan is for Visco supplementation of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injection series, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Knee and Leg Chapter

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: Regarding the request for Orthovisc x3, California MTUS does not address the issue. ODG supports hyaluronic acid injections for patients with significantly symptomatic osteoarthritis who have not responded adequately to non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies, with documented severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and who have failed to adequately respond to aspiration and injection of intra-articular steroids. Guidelines go on to state that the injections are generally performed without fluoroscopic or ultrasound guidance. Within the documentation available for review, there is no documentation of failure of conservative management including aspiration and injection of intra-articular steroids. Additionally, it appears the patient has other intervening complications which may require repeat operation. It seems reasonable to address these issues prior to pursuing Visco supplementation. In the absence of clarity regarding those issues, the currently requested Orthovisc x3 is not medically necessary.