

Case Number:	CM14-0104005		
Date Assigned:	07/30/2014	Date of Injury:	06/21/2010
Decision Date:	09/19/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/07/2014

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 Occupational Medicine 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:

The claimant was injured on 06/21/10. Orthovisc injections for the right knee are under review. She is status post a right knee MRI that revealed severe meniscal tearing, partial anterior cruciate ligament tear and significant chondral degeneration of the patellofemoral and femorotibial joints of the right knee. She had right knee x-rays on 10/11/12 that revealed mild tricompartmental degenerative changes. She had a series of 4 viscosupplementation knee injections with no relief. She has ongoing symptoms and on 12/06/13, a PR-2 indicated she had the second Euflexxa. She felt better and follow-up was recommended in 1 week. On 12/13/13, she had a Euflexxa injection and reported soreness after the last shot. There was no change in her symptoms. She has reportedly not had sustained benefit from the injections in the past. On 05/28/13, she was evaluated in an AME. She has also had treatment for her low back. The AME report states she had a series of 4 visco right knee injections with no relief and was told that she would likely need a knee replacement. She saw [REDACTED] on 09/13/13. She saw [REDACTED] on 06/11/14. She was having an exacerbation of radiating leg pain that was present for 2 or 3 months. Lumbar epidural steroid injection was recommended. There is no mention of injections to the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOVISC INJECTIONS TO RIGHT KNEE QTY 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty).

Decision rationale: The history and documentation do not objectively support the request for Orthovisc injections to the right knee x 3. The MTUS do not address this type of injection and ODG state viscosupplementation 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. Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids; Generally performed without fluoroscopic or ultrasound guidance; Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. (Wen, 2000) Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence; see Repeat series of injections above. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarsophalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. In this case, since the claimant did not receive significant and sustained benefit from the prior 4 viscosupplementation injections, the medical necessity of an additional 3 Orthovisc injections has not been clearly demonstrated. Such as, Orthovisc Injections to Right Knee QTY 3 is not medically necessary.