

Case Number:	CM14-0108178		
Date Assigned:	08/01/2014	Date of Injury:	11/03/2012
Decision Date:	10/02/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/11/2014

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:

According to the records made available for review, this is a 66-year-old male with a 11/3/12 date of injury, and left knee arthroscopic partial medial and partial lateral meniscectomy with chondroplasty on 5/15/13. At the time (6/5/14) of request for authorization for Orthovisc injections left knee one a week for 4 weeks, there is documentation of subjective (left knee pain) and objective (tenderness over the left medial joint line and trace effusion noted) findings, imaging findings (X-ray of the knees (6/5/14) report revealed advanced medial asymmetric joint space narrowing), current diagnoses (left knee pain, advanced osteoarthritis of the medial compartment, and chondromalacia), and treatment to date (medications and physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections left knee one a week for 4 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

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

Decision rationale: MTUS does not address this issue. ODG identifies documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; failure of conservative treatment (such as physical therapy, weight loss, non-steroidal anti-inflammatory medication, and intra-articular steroid injection); and plain x-ray or arthroscopy findings diagnostic of osteoarthritis, as criteria necessary to support the medical necessity of Synvisc Injections. In addition, the guidelines identify that Hyaluronic injections are generally performed without fluoroscopic or ultrasound guidance. Within the medical information available for review, there is documentation of diagnoses of left knee pain, advanced osteoarthritis of the medial compartment, and chondromalacia. In addition, there is documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; failure of conservative treatment (physical therapy and medications). Furthermore, given documentation of imaging (advanced medial asymmetric joint space narrowing) findings, there is documentation of plain x-ray findings diagnostic of osteoarthritis. Therefore, based on guidelines and a review of the evidence, the request for Orthovisc injections left knee one a week for 4 weeks is medically necessary.